

CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 14, 1992

Bottomley a pharmacy 'convert'

Society seeks more dressings in Tariff

P status for new nicotine patches

Time to exploit junior market?

Treating the troubled kidney



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Comment

Does the present deluge of nicotine-based gum and patch anti-smoking therapies mean that there's no smoke without fire? The POM to P move of Nicorette 2mg gum was heralded by its then owners, Lundbeck, long before the new licence was granted by the Medicines Control Agency back in January 1992. Then in June this year Ciba-Geigy launched the POM nicotine patch, Nicotinell TTS. This week new P nicotine patches are announced by Kabi and Marion Merrell Dow. Kabi evidently had applied for a POM licence for the product, had printed POM packs, and were somewhat taken aback by the granting of a P licence. Merrell Dow's Nicabate has P status although this also appears to have been unexpected. Ciba-Geigy, who have been in the vanguard of nicotine patch development, not unnaturally feel aggrieved that their entrepreneurial skills have been rewarded with having to apply afresh to the MCA to get a patch product with a P licence — Nicotinell being caught in a licence hiatus.

The nicotine patch product portfolio is unnecessarily confusing both for pharmacists, GPs, and more importantly consumers, who will doubtless be made aware of the existence of the P products, via the Jimmy Young Show *et al* mechanism, if not through direct advertising. Nicotinell was blacklisted this month; Nicabate is being promoted initially through GPs for

private and NHS prescription, and pharmacists, with de-listing expected sooner rather than later, when presumably the product could be advertised direct to the consumer.

The Nicorette patch is to be advertised on TV, though curiously, details have yet to be announced. How odd that a company that through the purchase of Nicorette gained a market lead, has been caught out by the MCA's boldness in granting P status to a nicotine therapy that has only recently received POM status, and has yet to be proved in the heat of UK battle, as it were.

Expert witnesses called by the various companies seem loathe to commit themselves to proclaiming the benefits of one product regime and the varying dosage formats over another. Some of the pressure groups are similarly circumspect. The companies need to involve pharmacists fully with advice; the Merrell move to partially circumvent pharmacist intervention with a postal service seems odd. Perhaps the National Pharmaceutical Association, or indeed the companies themselves, could co-operate to produce a patient record/compliance sheet that could be completed by patient and pharmacist and ensure a proper and cost-effective use of the various products, whatever their legal status. Everyone needs all the help they can get to sort through this licensing and marketing pickle.

Bottomley admits: 'I'm a pharmacy convert'

Health Secretary Virginia Bottomley admitted last week that only when she moved to the Department did "the penny drop" about pharmacists' key role in healthcare.

"I am a real convert," she told guests at the triennial chairman's dinner of the National Pharmaceutical Association in London's Apothecaries' Hall. But Mrs Bottomley was unable to promise any new financial rewards for the profession.

Behind Mrs Bottomley's conversion is recognition that community pharmacists have two advantages over other health professionals — a location in the high street, and routine contact with people who are not actually ill.

Against that background, she said, the "Ask Your Pharmacist" campaigns had been successful in raising the profile of pharmacies as places where health promotion advice is available.

But it was to the independent pharmacist that the Minister looked for development of the professional role. "We need a strong independent community pharmacy sector. As in so many things, it is often the single-

FDA issues warning on astemizole

Astemizole becomes the second antihistamine this year to be linked with serious cardiac arrhythmias when taken in combination with ketoconazole and erythromycin, according to a report in *The Lancet* this week.

The US Food and Drug Administration has warned that these drugs should not be prescribed together after receiving reports of adverse cardiac effects in two patients who took astemizole with erythromycin, or erythromycin plus ketoconazole. Itraconazole is included in the warning because of its similarity to ketoconazole.

Preliminary data from Janssen, who make Hismanal, Nizoral and Sporanox, indicate that the blood concentrations of astemizole increase greatly in patients taking ketoconazole concomitantly.

The company told *C&D* that it is currently in discussion with the Medicines Control Agency about amendments to their Data Sheets. Information will be circulated to health professionals once the discussions have been finalised, said a company spokesperson.



NPA chairman Joe King with Health Secretary Virginia Bottomley and NPA director Tim Astill at the Apothecaries Hall

handed pharmacist or the small group who break new ground, providing new services for their local communities."

Many changes and new opportunities would come from recent Government initiatives, Mrs Bottomley suggested. The "Health of the Nation" White Paper looked beyond the notion of "a pill for every ill", making health a partnership in which people were no longer simply passive recipients. "I look to pharmacists to give full weight to this in the professional advice they give," she said.

The White Paper also set local managers the task of devising strategies to meet targets for health improvement. Here pharmacists had much to offer that is different from other health professionals and would find their services much in demand.

"We shall need to see the relationship with FHSAs evolve, taking into account our NHS reforms, so that the place of pharmacies in the family health services is clear," she said.

Earlier, NPA chairman Joe

King had drawn attention to the success of pharmacists' involvement with residential homes and the value of patient medication records. If pharmacists were allowed to expand their spheres of activity, he believed, the reward would be better patient care and substantial savings to the NHS.

But Mrs Bottomley dashed any optimism about more money to fund the new key roles. Confirming that the prospects for next year's public sector pay round are tough, she went on: "In looking at the further restructuring of pharmacists' remuneration we shall be constrained by the resources available. I hope that the PSNC will adopt a realistic attitude in these circumstances."

The NHS drugs bill would also come under close scrutiny, the Minister warned. It had been increasing at about 12 per cent a year in cash terms and with general inflation so much reduced this trend could not be sustained. "We shall be taking action accordingly."

Monitoring trial scores first success

A community pharmacy-based therapeutic drug monitoring service has revealed the scope for dosage modifications in significant proportions of patients taking medicines with a narrow therapeutic index.

TDM studies by community pharmacist Gill Hawksworth, from Mirfield, West Yorkshire, suggested from blood levels that dosage modifications might be necessary for 73 per cent of patients taking carbamazepine, 40 per cent taking digoxin, 85 per cent taking phenytoin and 76 per cent taking theophylline.

The results, presented at the United Kingdom Clinical Pharmacy Association Residential Symposium in Bournemouth last Sunday, come from the first stage of a much larger project, which will go on to look at the cost-effectiveness of community pharmacy-based TDM — each test costs about £4.30 without the pharmacist time element of an hour per test including interpretation.

But Mrs Hawksworth, who is a member of the Royal Pharmaceutical Society's Council, told the UKCPA in her presentation of the 1991 Evans Award Lecture that the trial had already scored one notable success during the period of the study in which the results given by her equipment was being validated.

Her investigation of one very high digoxin level revealed a patient taking 250 micrograms three times a day instead of her 125 micrograms three times a day.

Rather than wait for the validation of the result by the hospital biochemistry department, the patient's consultant immediately reduced the patient's dose.

Mrs Hawksworth, whose work with Henry Chrystyn of the pharmacy department at the University of Bradford is also the subject of a Sir Hugh Linstead

Bromley pilots welfare foods scheme

A pilot scheme enabling parents to exchange welfare food tokens and obtain reduced price baby milk from pharmacies has been set up by Bromley Family Health Services Authority.

The scheme, in conjunction with the Local Pharmaceutical Committee and Ravensbourne NHS Trust, started on November 1. It covers three areas of the borough: Orpington, Penge and Mottingham.

A spokeswoman for Bromley FHSA told *C&D* that these areas were chosen because there was a

perceived a need for additional outlets for welfare foods. There would be no change to the range available and child health clinics would continue as before for the supply of items other than baby milk.

The scheme will run until the end of March next year when its success will be gauged. A decision will then be taken on whether to extend it.

A total of 29 pharmacies, including branches of Boots and Lloyds, are in the scheme. Bright yellow posters will be displayed

in-store and leaflets detailing the scheme and listing participating stores will be available at clinics.

"Many child health clinics only sell baby milk at set times of the week. We therefore hope that this scheme will provide a better service," explained a Bromley FHSA statement.

"Pharmacies are open six days a week during normal shop hours and will therefore offer a better choice and a greater convenience. Parents will also gain the benefit of professional advice from the pharmacist."

Award from the Royal Pharmaceutical Society, told the UKCPA that local doctors were very supportive of the monitoring work.

"We have now set up a liaison group and the GPs are now referring patients to me for their levels to be done." Even the doctor-dominated Local Ethics Committee had been "thrilled that a community pharmacist should be undertaking such a study".

Further work will look at the use of TDM in dosage modification, where side-effects are troublesome and where non-compliance is suspected.

Mrs Hawksworth is also being trained by phlebotomists at St Luke's, Bradford, to take venous blood samples.

YPG call for financial reappraisal at Society

Calls for an "urgent reappraisal" of the Pharmaceutical Society's financial position have come from the Young Pharmacists Group. A YPG working party reviewed the income and expenditure of the Society between 1989 and 1991 and recommended:

- Increases in membership fees not to exceed the rate of inflation until shortfalls in financial management are addressed
- The Society's accounts to be more user-friendly
- A working party to be set up with a wide spectrum of members
- Financial priorities/objectives to match professional objectives
- Expenditure priorities to be re-appraised

• Expenditure to match income. "The report is meant to be constructive and to increase the membership's understanding of the accounts and where the money is being spent," said YPG member Robert Carroll, who served on the working party. "What we need is a strong well-managed Society."

The YPG working party was set up after the Society's annual meeting. The resulting report was presented at the YPG annual meeting on November 1.

It showed that while income increased each year between 1989 and 1991, the Society showed a deficit of £141,000 in 1990 and £499,000 in 1991. Membership fees, the largest single source of

income, increased at more than the rate of inflation in two out of the last three years.

In terms of expenditure, education and membership were two of the lowest categories: general administration and the administration of Statutes were the highest. Expenditure on general administration increased by 17 per cent in 1989-90 and by 10.4 per cent in 90-91, both large increases compared with the rate of inflation at the time.

Although expenditure on education was the second lowest proportion of total expenditure, it was increasing, Mr Carroll pointed out. However, expenditure on membership organisations decreased in 1991 by 7.3 per cent. The YPG questions if this matches the profession's priorities.

Focusing on administration, the report shows that office expenditure and salaries increased by 17.7 per cent in 89-90 and by 13.1 per cent in 90-91. Staff superannuation and pensions rose by 46.3 per cent in 89-90 and 21.5 per cent in 90-91.

If the increases (1989-91) in office expenses, salaries, staff superannuation, pensions and expenses were added together, the total was £386,000, almost as much as the 1991 deficit.

The report will be submitted to the Society, said Mr Carroll. The Group is hoping the Council will receive it "positively".

• More PR activities should be directed at informing the public about what pharmacy has to offer, according to a separate debate at the YPG AGM. Chairman Tee Treacy said that apart from the NPA's campaign all other PR activity was directed to members of the profession.

Motions carried called for the YPG to set up a working party to make recommendations on how to improve the democratic mechanisms of the RPSGB.

Two thirds of pharmacists now in Barnet scheme

Almost a year on from its launch, nearly two thirds of Barnet's community pharmacists have now been trained in the High Street Health Scheme.

Launched by health Secretary Virginia Bottomley in December last year (*C&D* December 14, 1991), the scheme provides for community pharmacists, who have completed an approved training programme, to be accredited by the FHSA. The aim is to make pharmacists available to the public for easily accessible, and reliable health advice.

Originally the scheme attracted 14 of Barnet's 80 pharmacists. A second wave began training in May (*C&D* May 2) and at a ceremony next week, a further 22 will receive their training diplomas. This brings to 52 the number participating in the scheme — 65 per cent of Barnet's pharmacists.

Jane Todd, Barnet FHSA's health promotion adviser, says the Authority planned to continue with the scheme as initial evaluation showed that pharmacists found it both

beneficial and useful.

The FHSA is evaluating the public's reaction to the scheme and hopes to have the results in the New Year. A large publicity campaign to tell the public about the scheme is also on the cards.

The FHSA is also looking for ways of funding continuing courses for those pharmacists who have completed the initial training programme.

"We have been delighted with the progress of the scheme to date," said Ms Todd. Although initially the scheme had attracted the more motivated pharmacists, the FHSA had been "astonished" by the continuous stream of people wanting to join.

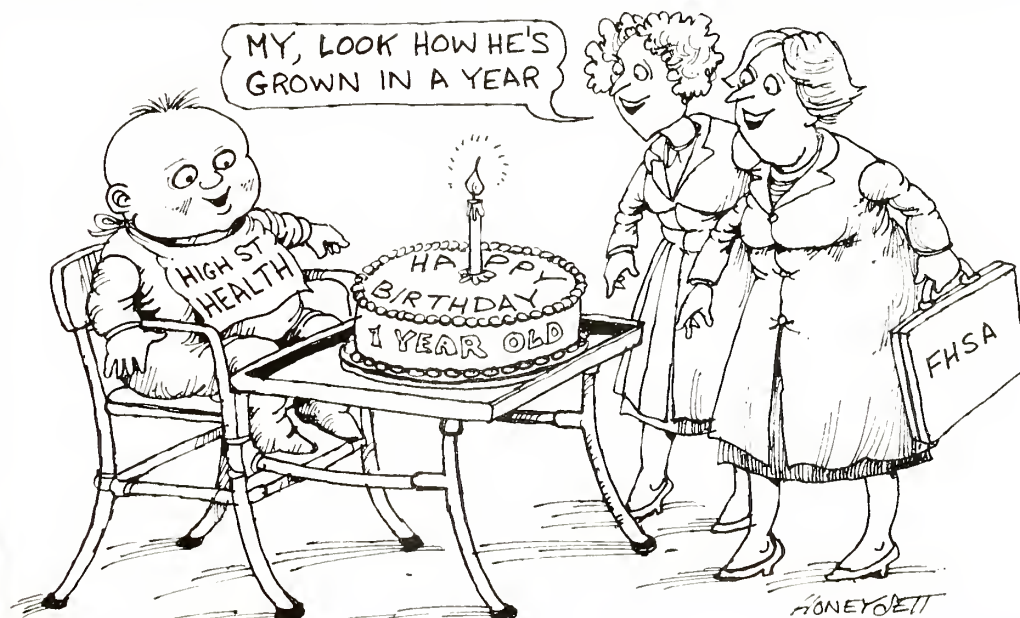
Mike Levitan, secretary of the Middlesex Group of LPCs, is also delighted with the scheme's uptake. Ultimately he would like to see it extended to all Barnet's pharmacies. He also commends

the scheme to other LPCs.

"We are delighted with the support shown by the FHSA," he continued. "It isn't enough for the LPC just to put forward ideas. There must be a positive response from the Authority to get behind pharmacists and support them both in spirit and financially."

There are a number of other initiatives under way in Barnet. A pharmacist domiciliary care scheme has been accepted for a grant by the NW Thames RHA primary care development fund, and a syringe/needle exchange scheme is being relaunched.

Mr Levitan also called for a co-ordinating body to oversee the setting up of local initiatives. However, he warned that such a body would need to ensure that schemes could still incorporate slants and subtleties which allowed them to respond to particular local needs.



Gordon Davie, chairman of Bromley LPC, told *C&D* that an induction course for pharmacists in the scheme would explain the procedures. They would also receive information on infant nutritional requirements.

Bromley FHSA's pharmacy advisory group was involved in the scheme and is also in the process of setting up a syringe and needle exchange scheme starting in December.

This scheme has been set up after consultation with the drug dependency unit in Bromley. A seminar for pharmacists will be held on November 16.

Boots withdraw own bedtime baby drinks

Boots Co deny that they are withdrawing their two bedtime drinks for toddlers because of pressure from the anti-sugar lobby.

The company says it has been considering withdrawal of chocolate fudge and chocolate malt bedtime drinks for some time because of supply difficulties.

The drinks contain 11.7 per cent and 12.7 per cent sugar respectively, and not around 40 per cent as was implied in a recent Press statement from the North Western RHA, Boots say.

Half the sugar content is derived from the milk or the milk in the chocolate, which is not thought to be cariogenic, and the remainder is less than that of natural fruit juice.

The products were introduced to Boots' stores a year ago, and carried a message that children should brush their teeth before going to sleep and after food.

The pressure group Action and Information on Sugars is planning to go ahead with a national campaign against the new baby bedtime drinks next month if the company does not withdraw its Farley's Bedtimers.

Boots say they are happy with the Farley's product and will continue to supply it.

Farley's marketing manager Stephen Martin said recently that there were no plans to change the formula of Bedtimers. The drink was healthier than the adult products and carried advice to clean children's teeth afterwards (*C&D Babycare Supplement*, October 17, p20).

NPA supports Allen appeal

The National Pharmaceutical Association is to support Board member David Allen in an appeal to the High Court after he was held to have committed an offence under the Price Marking Order.

All the goods in Mr Allen's shop had been priced but in some cases the price ticket was not clearly legible to customers.

Mr Allen's legal fees had been paid for by the NPA, where it was regarded as a test case in order to get the regulations clarified.

In the meantime pharmacists are advised that the pricing of goods ought to be as clear as possible. Pending appeal it appears that the regulations require that prices have to be legible without the customer handling the product concerned.

Society seeks extension to Tariff list of dressings

The Royal Pharmaceutical Society is to seek an extension to the list of wound dressings and other surgical sundries available in primary health care, to alleviate problems experienced by patients discharged from hospitals into the community.

The decision came after a report back from a meeting between the Society and the community care support force set up by the Health Minister. One of the matters raised was the pharmacists' role during transfer of care from hospital to the community.

The Hospital Pharmacists Group made the point at last week's Council meeting that non-availability of certain wound dressings and giving sets caused serious problems to patients discharged from hospital. There would be considerable inconvenience if patients in the community had to obtain such items from the hospital service.

Council agreed that the NHS management executive and the DoH pharmaceutical division should be invited to discuss the possibility of further dressings and sundries being included in the Drug Tariff.

The Pharmaceutical Services Negotiating Committee is to be contacted as a matter of urgency, drawing attention to the problem and asking for LPCs to be alerted. Many authorities already had, or were preparing, their own specific care plans and it was felt pharmacists should be able to give advice at the planning stage. **Waste disposal** The DoH is shortly to write to FHSAs saying money will be made available direct to them to fund schemes to dispose of pharmaceutical waste. Some health boards in Scotland already have schemes.

The DoH has contacted the Society about a detailed protocol on the collection and safe disposal of unwanted medicines.

The DoH and the Department of the Environment agree that the DoE must issue standard advice to waste regulatory authorities about the safe disposal and collection of pharmaceutical waste from pharmacies.

Risk of misconduct with monitored dosage literature Council has decreed that pharmacists' use of literature produced by a company to promote its monitored dosage system for use by individuals could be considered to constitute misconduct.

The Law and Ethics Committee noted that the system was to be used as a compliance aid to be filled by the pharmacist on presentation of the relevant prescription. Council's previous guidance was that the provision of a compliance aid as the dispensing container was not in itself an unacceptable inducement. But in this case, the promotional literature informed customers that "the cassettes may be loaned to you totally free of charge, as long as you present your prescription at the pharmacy each month for dispensing."

Council decided to tell the company that pharmacists distributing the literature would be considered to be offering an inducement and so be in conflict with the Code of Ethics.

Change of legal status Pharmaceutical companies have shown considerable interest in the Society's suggested list of preparations that could be considered for a change in legal status from POM to P (*C&D*, October 24, p754). Discussions will be held with some of them about proposed changes.

National Audit Office report Council approved a position paper on the NAO's report on community services in England but will not make any further public comment until after

hearing the outcome of the House of Commons Public Accounts Committee's examination of the report.

Sunderland pharmacy course Accreditation of Sunderland University's pharmacy degree is to continue subject to certain conditions intended to ensure that the quality of education is not adversely affected by the 50 per cent increase in student intake this year.

CRCs for oral liquids The British Standards Institution is seeking further information about a possible amendment to the relevant standard for dispensing bottles to allow the use of a wide range of child-resistant closures on containers for oral liquid medicines.

Integration in primary care Council agreed to take steps to promote the integration of pharmacy into the primary health care team. Pharmacy has been omitted from various documents concerned with primary care, in particular, one from the Royal College of GPs.

Needle exchange The office is to re-examine Council's guidance for needle and syringe exchange schemes and prepare a revised version for consideration, following concern at the variety of different local arrangements.

Hospital restrictions Guidance is to be prepared for hospital pharmacists faced with prescriptions for products that the hospital management had decided should not be stocked.

API pays legal costs

The Association of Pharmaceutical Importers has paid the Royal Pharmaceutical Society £55,000 to cover part of the costs arising from the API's unsuccessful legal action against the Society in 1989.

John Ferguson, the Society's secretary and registrar, told last week's Council meeting he understood that a cheque for a further £29,000 would follow in a few days time and the balance in instalments until the total of about £110,000 was recovered.

The API had taken the Society to court because of its policy on substitution relating to parallel imports bearing different brand names from the UK equivalents. After the matter had been to the High Court, the Court of Appeal, the European Court (which had ruled in favour of the Society) and back to the Court of Appeal, the API had agreed to drop its action and to bear the Society's costs.

Health on call

A health helpline has been launched in Scotland by the Health Minister Lord Fraser of Carmylie. The free number (tel: 0800 224488) includes basic information on a range of areas including health education, patient's rights, waiting times, GPs, dentists, pharmacists and opticians, and community and hospital services.

Yellow brick road

Unichem are sponsoring a new campaign which aims to improve the health of children living in the North. Called the "Yellow Brick Road to Health", the scheme has been set up by

The Children's Health Foundation. Unichem are sponsoring a pack being distributed to junior schools.

Two new DHAs

The Government has announced two new district health authorities. North Yorkshire DHA will cover those areas presently dealt with by Northallerton, Scarborough, Harrogate and York DHAs plus the Craven District of Airedale DHA. Bradford DHA will cover the existing Bradford DHA area plus that part of Airedale DHA which falls within the Bradford metropolitan area.

Scots await formal offer

A formal pay offer from the Scottish Health Department is still awaited, but expected before the end of this week, according to Pharmaceutical General Council chairman Graeme Millar.

He thought it would be "surprising" if the PGC accepted it without seeking some amendments, but he is still predicting settlement by the end of the month. The PGC may need to seek a meeting with the Scottish Health Minister, Lord Fraser of Carmyllie, to explain the strategy it has adopted in the last few years, he suggested.

● The PGC has adopted a new constitution, said to be somewhat more substantial and in line with the PGC's political position.

Drug testing scheme under review

The Department of Health is to review the drug testing scheme, it is revealed in the Public Accounts Committee review of the National Audit Office report into community pharmacy.

According to the minutes, the PAC asked for further evidence on the collection of samples from pharmacies by the Society's inspectors.

In the year to November 30, 1991, RPSGB inspectors made 5,862 visits to pharmacies in England to take samples but collected from only 4,872. In one-sixth of all visits there were no suitable samples available.

Following the request for more information, the DoH has re-examined its data and said that the number of samples was likely to have been understated because some FHSAs did not submit returns on the extent of their testing. Other FHSAs sent in nil returns, having not sent samples for analysis even though they may have been collected.

Prescribing insulin pens

The Government is still considering the case for allowing GPs to prescribe insulin injection pens and needles, but before reaching a decision will take into account expenditure constraints.

That was the message from Health Minister Dr Brian Mawhinney in reply to a question from Labour MP Allun Michael.

Dr Mawhinney added: "Many diabetics use disposable syringes and these are prescribable. The use of injection pens and needles entails a real additional cost. This has to be taken into account."



Andrews gets a convert

I did not go to Cyprus last week, but after reading the report of the address given to the 1992 Unichem Convention by Barry Andrews, managing director of Moss Chemists, I wished I had, if only to hear this one presentation (*C&D* last week p842). His talk was supposedly about multiple pharmacy ownership, but instead of a complacent exposition of all the things "I can do and you cannot", he actually provided the most condensed succession of common sense ideas on "how to succeed as an independent" that I have ever read, with every suggestion a gem of logical marketing.

Here was a man who never once mentioned that dread word "recession", but talked as if all our futures could be assured by our own marketing skills, and I believe him! His gentle criticism of the insularity of the independent sent me rushing round to my local multiple competitor to see how they were exploiting their, now obvious, marketing advantages. Instead of a surreptitious peep in the window I took a long hard look at their whole set up. One hour later, and suitably chastened, I returned to my cluttered displays and immediately sent out Doty and the rest of the

team to learn a similar lesson.

Meanwhile, I took Barry at his word and did phone a distant colleague to suggest a meeting of commercial minds. He was delighted with the idea and we arranged a meeting for the very next day, at which we were able to exchange such a wealth of non-competitive information that we resolved to continue our discussions at regular intervals and wondered why on earth we had not done something like it before!

While on the subject of Unichem...

Unichem seem to have stolen a march on their competitors by reaching agreement with Kodak on a developing and printing service serviced by Unichem, at a higher profit than their members are presently enjoying, and which is paid for within their Unichem account (*C&D* last week p832).

Many years ago I used to use Kodak for my D&P but eventually changed when I was unable to compete on price with my High Street competitors. The public, however, still recognise the Kodak name as providing quality with confidence and given the choice, at a competitive price, will pick their service in preference to any other.

I would be sorry to see my current photoprocessor go, as they have given me many years of efficient service, but I would not refuse this opportunity if it arose. If it is to be backed up by strong promotional support, it must, for a change, tilt the balance of competitiveness back towards the independent.

Feeling like the Oozlum bird...

If I am to believe the Aylesbury news service then I have, at last, been awarded a pay

increase of 4.75 per cent effective November 1. This may be the best settlement the Pharmaceutical Services Negotiating Committee could achieve, and from David Sharpe's remarks in the *PSNC News* in October it is a settlement with which he is quite pleased, but what is the reality to me as an individual community pharmacist?

The answer lies in the statistics published on page 10 of that same newsletter when I see that the volume of prescriptions dispensed in the period April to June 1992-93 rose by 6.1 per cent compared with the similar period a year before. All other things being equal, I will have had to dispense 6.1 per cent more prescriptions just to stand still and achieve that increase in productivity at zero cost to myself.

The cold fact is that with the inexorable rise in costs this is an equation I am no longer able to balance and like that oozlum bird I, too, find myself flying in ever decreasing circles doomed, it seems, to similarly one day disappear up a vortex, but not of my own making.

Answer to a diabetic's dream!

A part of the funding arrangements within the NHS that has always puzzled me is the contradiction of an open-ended drugs budget but a tightly and often illogically controlled appliances budget.

One such anomaly is the inclusion of blood lancets but not the means to automatically use them. This has always seemed to discriminate against the most disadvantaged and I have previously complained to no avail. But when I opened a pack of Chemcard the other day, out fell the answer.

Chemcard uses a disposable automatic lancet which for the faint hearted or simply disabled must be like a prayer answered: a simple pre-set plastic spring which, when pressed, releases an integral blood lancet. If produced in their millions to meet the requirements of all those diabetics out there, their price could soon match that of the present archaic system and then all diabetics, if they require blood glucose level monitoring, could benefit equally.

Topical REFLECTIONS

Tamoxifen's cancer link 'tenuous' say US doctors

Arguments for and against giving tamoxifen to healthy women in large scale trials for breast cancer prevention, appeared in *The Lancet* last week.

Earlier this year in the Spring, the US National Cancer Institute launched a trial in which 16,000 healthy women at high risk of the disease will take 20mg tamoxifen daily or a placebo for at least five years. Further trials are being planned in the UK and Australia, and another has started in Italy.

But doctors at the National Women's Health Network in Washington and the University of Illinois believe that the evidence for tamoxifen's ability to prevent breast cancer is tenuous.

They say that, in eight randomised controlled trials, tamoxifen reduced by one-third the incidence of contralateral tumours among women with breast cancer. But this reduction may have no relevance for

healthy women who have not had breast cancer.

The authors also cast doubts on some of the other alleged benefits of tamoxifen, namely in osteoporosis and cardiovascular disease. And evidence of toxicity is "increasingly persuasive," they add.

Menopausal symptoms are the most common side effects, together with vaginal discharge or dryness, irregular menses, and nausea and depression. While these may be acceptable in cancer chemotherapy, they may cause compliance problems in healthy premenopausal women.

However, in the same journal, Dr Trevor Powles, Royal Marsden Hospital London and Sutton, argues the case for clinical trials in breast cancer prevention. Tamoxifen has been used since 1971 to treat over 3 million women with breast cancer, he says. Its toxicity is low and it is

effective, but not curative, for metastatic disease.

In primary breast cancer, tamoxifen delays relapse and prolongs survival in about 20-30 per cent of patients and reduces the frequency of second primary breast cancers by about 40 per cent.

A pilot trial of tamoxifen 20mg daily or placebo in healthy women started at his hospital in 1986. Results from the first 1,000 participants show no adverse anti-oestrogenic effects and compliance has been 75 per cent. Other safety data from adjuvant tamoxifen trials suggest that the possible benefits far outweigh the risks of in healthy women with a strong family history of breast cancer.

Dr Powles points out that more than half a million women are affected by breast cancer each year. "We now have a real opportunity to beat it," he says.

Parents value peak flow meters

Parents of children with asthma value their peak flow meter for its usefulness in helping recognise asthma attacks, say doctors writing in the *BMJ* this week.

This was one of the findings of a study of the parents of 50 asthmatic children aged over five years. It also showed that parents are capable of using the peak flow meter to recognise severe attacks, with 42 out of 50 parents being able to recall their child's danger peak flow level — usually 60 per cent of the child's best — to within 10 per cent of the correct value.

The study also found that only 20 per cent of the families mentioned the usefulness of the meter to detect impaired respiratory function when their child was apparently well. However, the doctors say they prefer to teach parents to assess asthma control by determining how much the asthma interferes with their child's daily life.

Bone metabolism drugs reduce risk of hip fracture

Women aged over 50 years can significantly decrease the risk of hip fracture by taking oestrogen, calcium and calcitonins, a new study has concluded.

The population-based study involved 2,086 women with hip fracture and 3,532 controls in southern Europe. The women were asked whether they had ever taken any drugs specifically for osteoporotic bone disease. They were questioned about age of onset of treatment, its duration, and current therapy, and were assessed for physical activity, calcium intake and mental performance.

The women taking drugs that affected bone metabolism had a significantly decreased risk of hip fracture — 0.55 in women taking oestrogen, 0.75 in those on calcium and 0.69 in those taking calcitonin. With the exception of oestrogen, the drugs were equally effective in older and younger women.

Neither vitamin D nor fluorides were associated with a decrease in risk.

The authors conclude that short term intervention in the natural course of osteoporosis with drugs that affect bone metabolism may have significant effects on the incidence of hip fracture.

Paracetamol effective and acceptable for treating feverish child at home

Advising parents to treat a feverish child at home with paracetamol is more effective and more acceptable than advising them to warm sponge or unwrap the child into lighter clothing. But warm sponging, in fact, has an additive effect and reduces fever more quickly than paracetamol alone.

These are the results of a study published in the *BMJ* involving 52 children aged three months to five years. They were randomised into four groups: unwrapping; warm sponging plus unwrapping; paracetamol plus unwrapping; and paracetamol plus warm sponging and unwrapping. Their responses to treatment were monitored over four hours.

It was found that unwrapping alone had little effect on temperature. In five out of the 13 children treated by unwrapping body temperature did not fall to 37.2°C over four hours. In the others, it took 70 minutes.

Warm sponging caused the fastest reduction in temperature. When added to unwrapping, the time to reduce temperature to 37.2°C was 25 minutes, and when paracetamol was added, 63 minutes.

Parents were found to discriminate between treatment groups. Their interpretation of advice was extremely variable: some added wrappings and some used cold or very hot water. They were happiest with treatments that included paracetamol.

Most children accepted

unwrapping. All took the paracetamol dose, 12 out of 26 objecting somewhat to it. Twelve children objected somewhat to warm sponging, while another 12 seemed to enjoy it. Eight children seemed to enjoy the paracetamol.

The study also found that despite advice to the contrary, the children drank little. Ten parents offered no fluids at all over four hours. The authors suggest that more attention to this aspect of care might improve well being.

Script Specials

C Cap aid for glaucoma

Allergan are introducing C Cap, a compliance aid for patients with glaucoma.

The device, which will be supplied on bottles of Betagan eyedrops, provides a visual reminder of the patient's next dose. A number is revealed every

time the cap is put back on the bottle and clicked on.

A patient information leaflet is enclosed with each bottle of Betagan with C Cap, and tear-off pads and posters are available from Allergan Ltd. Tel: 0494 444722.

Juvela rolls

The Juvela range now includes gluten-free bread rolls, which are prescribable on FP10. The 5g rolls come in packs of five (3 £7.20 trade). Promotional literature offers further details and a free sample pack on request. **Scientific Hospital Supplies.** Tel: 051-228 1992.

Nebuhaler with mask

Astra say their Nebuhaler with mask is available for hospitals only. It is not reimbursable on FP10. However, the Nebuhaler is prescribable on its own, and can be used with McCarthy masks which are available free of charge from Astra or from Asmatec representatives. Pharmacists who

have dispensed scripts for Nebuhaler with mask are asked to contact **Astra Pharmaceuticals.** Tel: 0923 266191.

Storing Alkeran

The Wellcome Foundation points out that Alkeran tablets 2mg and 5mg should now be stored between 2-8°C. **The Wellcome Foundation.** Tel: 0270 583151.

BBC Select Duphar

An edited version of Duphar educational video for nurses about HRT, which won a BMA award, is to be shown on the new nighttime channel BBC Select. It will be screened on the programme "The menopause and beyond" on November 13 and 20. **Duphar Laboratories.** Tel: 0703 476171.

Counterpoints

Nicabate for tailored support

This week sees the launch of Nicabate transdermal patches, which release nicotine over 24 hours. Nicabate is a Pharmacy medicine for the relief of nicotine withdrawal symptoms associated with smoking cessation.

Nicabate will be promoted direct to GPs and the company says it is available on FP10 because it has not yet appeared on the Limited List.

The standard ten week course involves the patient using patches delivering 21mg nicotine per 24 hours for six weeks, followed by 14mg patches for two weeks, then Nicabate 7mg for the final two weeks.

However, the "Nicabate Quit Smoking Programme" is said to be the first to give GPs and pharmacists flexibility to tailor the dose to an individual's

requirements. Those weighing less than seven stone, or smoking 10 or less cigarettes a day, can start with the 14mg patches and reduce to 7mg strength over 10 weeks.

Nicabate is available in packs of 14 patches (21mg £30.37; 14mg £28.94; 7mg £27.48 rrp).

The "Quit Smoking Programme" also includes postal support material. Patients will be given a card by their GP or pharmacist, detailing a freephone number for enrolment. They will then be sent support materials throughout the ten weeks, including personalised letters, information leaflets and a relaxation tape.

Marion Merrell Dow say Nicabate are the only patches to contain nicotine in the patch adhesive as well as the reservoir. As soon as the patch is

applied, nicotine is released, avoiding a drop in nicotine levels which could cause craving, says the company. Nicotine is then released at a controlled rate over 24 hours through a rate controlling membrane.

Detailed technical information will be supplied to pharmacists, and in-store support is also available. No consumer advertising is planned.

Marion Merrell Dow say clinical trials have shown that smokers who use Nicabate are twice as likely to be non-smokers at six months compared with placebo. In a study involving almost 1,000 smokers, 26 per cent of Nicabate users had not smoked at six months, compared with 12 per cent of those using placebo.

Marion Merrell Dow. Tel: 081-848 3456.

Facts on patches

The rationale behind a nicotine patch is that it releases nicotine slowly and constantly into the circulation. It does not produce the high and rapid nicotine peaks seen in the blood of smokers following a cigarette.

Patches achieve nicotine blood levels around half of that associated with smoking, so providing partial nicotine replacement to relieve withdrawal symptoms such as craving.

Martin Jarvis, of the National Addiction Centre, believes it is too early to distinguish any benefits of one patch over another. And whether to use the nicotine patch or gum is down to consumer choice.

"I wouldn't agree overall that the patch is more effective than the gum," says Dr Fagerstrom, scientific information manager at Kabi. But while new smoking cessation aids may not necessarily offer improved efficacy, what they will do is create more satisfied customers by creating more choice.

Dr Sachs, of the Palo Alto Centre for pulmonary disease prevention, emphasises the "very real" pharmacokinetic differences between the patch and gum. The patch delivers a relatively steady level of nicotine throughout the day. Gum produces a faster but short-lasting rise, but it can be chewed as required.

The patch "gives a menu of two different pharmacokinetic profiles", says Dr Sachs. But the menu is threefold, because counselling improves the success rate.

- Manufacturers of nicotine patches all agree that they are no substitute for willpower.
- Each brand is backed up with a comprehensive support programme, and smokers should be encouraged to use this.
- "The more guidance, encouragement and back-up support is given in addition to treatment,

the better the results will be," says Mr Jarvis.

- The patch should not be used with any other form of nicotine, including nicotine gum or cigarettes. Only one patch should be used at a time.

- Patients should not continue beyond the treatment period.
- Patients should be advised to discontinue use of the patch and see their GP if they experience severe or persistent oedema, pruritus or erythema at the site of application; or if a generalised skin reaction (urticaria or rash) occurs.

- The patch should be applied to clean, dry, non-hairy skin, such as on the upper arm or hip. It is possible to swim or shower wearing the patch.

- Site of application should be varied daily.
- Used patches should be disposed of by folding in half, adhesive side innermost, then placing in the original sachet, away from children's reach.

- Smokers requesting the nicotine patch should be referred to their GP if they are pregnant or breastfeeding; or are suffering from cardiovascular and peripheral vascular disease.

- Nicotine patches should be used in caution in those with peptic ulcer, diabetes mellitus, hyperthyroidism, and chronic skin disorders like psoriasis, chronic dermatitis or urticaria. See Data Sheets.

- Smoking cessation, with or without nicotine replacement, may mean adjustment of dose of other medications; see Data Sheet.

- Nicotine patches may cause side effects similar to those associated with nicotine administered by other means.

- Local side effects include transient itching, burning and tingling at the injection site. Others include headache, nausea and dizziness.

Nicorette Patch for daytime use

Kabi Pharmacia have launched Nicorette Patch, the first daytime nicotine patch to be launched in the UK. It has Pharmacy only status and is indicated for the relief of withdrawal symptoms associated with smoking cessation.

The recommended course is a 12 week step-down programme. One patch should be applied each day on waking, and removed 16 hours later, at bedtime.

Initially, a patch delivering 15mg nicotine over 16 hours should be used for eight weeks, followed by the 10mg patch for two weeks, tapering off with the 5mg patch for a further two weeks.

Nicorette Patches are available in packs of seven (15mg £15.99; 10mg £14.73; 5mg £12.69). The company says a 28 patch size of the 15mg strength will be available in January.

Smokers should use the patches in conjunction with Kabi's "Fresh Start" support package. This incorporates an



information booklet, diary, advice phone line, and a relaxation audio cassette. A patient information booklet is also included in with each pack.

An education booklet is available for GPs and practice nurses, along with a poster, video cassette and guide for use in smoking cessation groups. Further educational support for the pharmacist is being planned.

The company says the 16 hour patch has been shown to be as effective as the 24 hour patch at preventing cravings and

withdrawal symptoms, while reducing the risk of sleep disturbances.

And it says smokers are between two and four times more likely to give up smoking using Nicorette patches than if using no cessation aid.

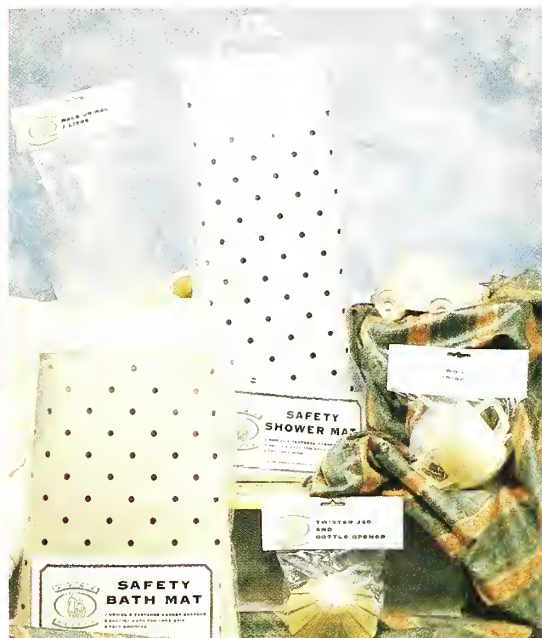
Television advertising strengthening the brand's identity is planned, and Press advertising is being considered. New display material is available.

Nicorette Patch is already available in the US, Sweden and Iceland. **Kabi Pharmacia Ltd. Tel: 0908 661101.**

Precious metals

Mavala have added new nail colours to the Minicolor range. Precious Metals, in Silver, Platinum and Gold at £1.89 each,

give a matt finish and can be used over another shade to give a shimmering effect. **Mavala Ltd.** Tel: 0732 459412.



AAH Pharmaceuticals are repackaging products in their Home Health range in keeping with the rest of the Vantage brand. Products are now packed in plastic bags with a header card or swing ticket. The latest products to be repackaged include bath and shower mats, jar and bottle openers and feeding cups. **AAH Pharmaceuticals.** Tel: 0928 717070

Keep up with vitamin C

Healthcrafts have launched a vitamin C information service, designed to inform pharmacists of the latest research findings.

The first two issues of the vitamin C updates will provide information on the links between vitamin C intake and the prevention of cataracts and research which suggests vitamin C can reduce the incidence of heart disease.

Extracts of the studies can be obtained from Dr Len Mervyn at **Healthcrafts.** Tel: 0932 336366.

Making waves

Salon Series is the new range of hairbrushes from GB Kent (from £3.95).

The round brushes have nylon fillings and beechwood handles. They come in small, medium and large sizes, with the small and large brushes available with medium or firm filaments. **GB Kent.** Tel: 0442 232623.

Numark add laxative

Numark have added laxative tablets to their own label range.

Made from a herbal recipe, ingredients include Turkey rhubarb, senna leaf and Irish moss. They are

available in 50s at £1.59. Outers are £10.56 for 12 packs and members will benefit from a POR of 35 per cent. **Numark Management Ltd.** Tel: 0827 69269.

Scents of luxury

Baylis & Harding have launched Floral Bouquet, a range of boxed toiletries aimed at the gift market.

With a fragrance reminiscent of Spring flowers, the range is packed in coloured floral designs. Prices range from £1.99 to £2.49 and products include hand and body lotion, foaming bath oil, shower gel, talc and soap. **Baylis & Harding.** Tel: 021-359 0099.

A healthy glow

For a year-round tan, Collection 2000 have added Shimmering Glow face and body make-up (100ml £1.69).

It comes in four shades and should be applied with a damp sponge to give a natural looking tan. It can be removed with soap and water. The product comes in outers of six and a display tray holding 12 units. **Collection 2000.** Tel: 0732 453213.

Long lasting lips

Everlasting Lipstick is the latest addition to the Almay cosmetics range.

The lipstick is said to glide on evenly, providing long lasting wear without drying lips. It contains UVA and UVB sunscreens (SPF2), vitamin E and

shea butter. It is free from paraben, lanolin and fragrance.

Retailing at £6.95 it comes in a choice of ten shades. A promotional header card is available for retailers. **Sara Lee.** Tel: 0753 523971.

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Unichem offer Gold partnership

Expansion of the more successful aspects of Unichem's 1992 Partnership programme and a brand new promotional package — Gold Partners — were announced by deputy marketing director Tony Foreman last week at the Cyprus Convention.

"The Gold Partners programme will be available for all Unichem customers. If they join the 'club' they will receive a range of services free of charge," said Mr Foreman. These include:

- An illuminated "Unichem/pharmacy" sign.
- Exclusive range of POS material for promotional offers and professional services.
- A range of personalised professional services leaflets, together with a display unit.
- Each member will be provided with a promotional unit for OTC offers which will be available on preferential terms.
- The salesforce will take pre-sell orders monthly and will help merchandise the fixture.
- Unichem will run national press campaigns with a hotline phone number to tell consumers where their nearest club member is located.

"However," said Mr Foreman, "club members will have to make a commitment to take the monthly leading offers and erect the POS material; agree the order with the salesforce in advance; take Unichem's own label range

and display as instructed; use a Unichem fascia; maintain an agreed level of purchase and participate in all club activities."

The successful parts of the Partnership programme have been the consumer promotions, *Healthy Times*, promotional units and POS, said Mr Foreman.

In 1993 the programme will be developed to provide a number of key elements. These will include:

- An increased choice of shopfitting companies while still allowing pharmacists to pay via their Unichem account.
- The company will continue to contribute towards the costs of fascias.
- The range of Unichem shopwear will be increased.
- A package of training events will be available for pharmacists and staff.
- An improved range of point of sale will be provided. Themed and seasonal promotions will be further developed.
- Trade shows will continue in 1993 along the same format. "We are desperately trying to find a



Tony Foreman

northern venue for our Scottish customers," said Mr Foreman.

Suppliers have already agreed to fund two national consumer promotions, revealed Mr Foreman. They will be promoted via in-store display and in *Healthy Times*, of which there will be four 28 page editions in 1993.

Own label will see the addition of "at least" 50 new products. Key areas for development will be eye care, household products and range extensions on OTC medicines. Own label turnover currently stands at around £40m. **Unichem. Tel: 081-391 2323.**

Safe Play Minty from Durex



LRC Products are introducing Safe Play Minty condoms into pharmacies (2, £1.49).

Previously available only through vending machines and clinics, this "fun"

brand has proved to be popular with young people and the company believes it is likely to attract the young into the condom market. **LRC Products Ltd. Tel: 081-527 2377.**

Inchwrap is new mineral skincare range



FIRMING GEL for cellulite control



FIRMING GEL for cellulite control

MINERAL SKINCARE



MINERAL SKINCARE

Inchwrap is a new range of skincare products launched by Finders International, a company which specialises in using Dead Sea minerals in their products.

The range comprises seven products which can be used as full body or localised body area treatments. They contain minerals from the Dead Sea including magnesium, potassium, calcium and sodium as bromides, chlorides, sulphates and traces of lithium. They also include natural herbal extracts such as horsetail, ginseng, chamomile, witch hazel and ivy.

The company describes the Inchwrap products as a "cellulite control system" acting as a "re-contouring treatment programme".

There are two products for the bust area — Inchwrap Firming gel for the Bust (30ml, £14.25) and Firming Moisturiser for the Bust (150ml, £10.95).

For the rest of the body, particularly the hips, thighs, buttocks and arms, there is: Inchwrap Gel Exfoliant (150ml, £10.95), Firming Gel (150ml, £10.95) and Firming Moisturiser (150ml, £10.95).

Inchwrap Super Formula Cream (£11.25) and Inchwrap HS formula are intensive products. The latter is only available for salon use at nationwide. Finders recommend a combination of salon treatments and home use for the best results.

Finders International. Tel: 0580 211055.

Two moisturising aids

Moisturising Protection Cream from French manufacturer Payot is said to leave skin smooth, soft and protected.

Suitable for all skin types, it can be used both morning and night. Ingredients include oryzanol, vitamin E, karite butter, jojoba oil and polyols.

Also new is Hydro-Fluide, a rapid action moisturiser. It can be used at night as an intensive treatment or during the day to reduce fine lines and wrinkles.

It comes in boxes of seven 1.5ml ampoules (£39), one ampoule should be used per application

over a period of seven days. **Muelhens Ltd. Tel: 0372 724711.**

Extra vitamins offer

Healthcrafts are offering 20 per cent extra free on two multivitamin and mineral products.

PRN mega-multip packs will hold 36 instead of 30 tablets at the normal price of £7.39. Super Gev-E-tabs are available in packs of 72 capsules instead of 60. **Healthcrafts. Tel: 0932 336366.**

Skincare additions

Jean d'Aveze have introduced a range of three skincare products, Jouvence Actif.

Light Active cream (50ml £19.75) is a concentrated day cream containing perretol.

Multiaactive Liposome cream (50ml £27.65) is a night cream containing perretol, mulberry leaf concentrate and soya liposomes. Active Liposome Eye Contour (10ml £15.85) contains perretol, mulberry leaf concentrate and soya liposomes. Enquiries to Caroline Carr at **Cidesco Babbat. Tel: 0742 301731.**

Aloe vera range crosses the pond

Bionature is a new skincare range based on aloe vera.

The range, which has been available in the US for five years, comprises five products. Skin gel (89ml £9.95) is said to be non-greasy and will smooth and soften skin. Night cream (89ml £12.95) contains vitamin E, collagen and elastin. Facial Cleanser (£7.95), used with water, is said to open pores and cleanse impurities. Scrub exfoliant (89ml £8.95) will deep cleanse, soften and smooth skin. Alo-Reducel (89ml £13.95) is an anti-cellulite treatment.

An introductory parcel of 48 units is available for £238.23, holding 18 skin gel, 12 facial cleanser, nine night cream, six scrub exfoliant and three Alo-Reducel. A consumer offer gives customers a free facial cleanser on purchase of the skin gel.

The launch will be supported by a Press advertising campaign and sampling. **La Anita Intl. Ltd. Tel: 0284 850083.**



Enterprise deal

Barclay Enterprise are running a price promotion on all Palmolive shampoo variants throughout November.

As well as price savings

for pharmacies, there will also be 50ml extra free product in 250ml bottles of shampoo. **Colgate-Palmolive Ltd. Tel: 0483 302222.**



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Aquafresh:	G, Y, C, A, TSW, TVS, TTV, TT
Askit capsules:	STV, C4
Beechams Hot Remedies:	All areas
Colgate toothpaste stand-up tubes:	All areas
Duracell:	All areas
Hill's Balsam:	G, Y
Macleans anti-plaque:	G, Y, C, A, TSW, TVS, TTV, TT
Macleans Sensitive:	G, Y, C, A, TSW, TVS, TTV, TT
Nicorette:	GTV, U, B, G, HTV, TSW, LWT, TTV, C4
Pearl Drops:	TV-am
Salon Selectives:	GTV, STV, B, Y, TT, C4
Seven Seas cod liver oil:	All areas
Slim-Fast soups:	All areas
Solpadeine:	STV, B, G, C, HTV, TV-am, BSKyB
Timotei Honey intensive conditioner:	All areas
Wrigley's Extra and Orbit:	All areas

Shelf support from Colgate

Colgate have launched a competition through Unichem, designed to find the 50 best shelf displays of Colgate's new stand-up tubes.

To enter, pharmacists should send a photograph of their shelf display to Kate Williams at Colgate-Palmolive, Guildford Business Park, Guildford GU2 5LZ, with their name, address and Unichem account number on the back. The closing

date for entries is December 11.

Winners, judged on their ability to demonstrate the impact of stand-up tubes when merchandised next to conventional tubes and pumps, will receive a white Colgate polo shirt.

Colgate stand-up tubes are also on price promotion through Unichem this month. **Colgate-Palmolive Ltd. Tel: 0483 302222.**

Unichem's Christmas bike giveaway

Unichem have teamed up with Blue Stratos, Old Spice and Insignia to give away ten Raleigh mountain bikes through independent pharmacies.

To enter the competition, pharmacies must buy at least four packs of the key Christmas lines listed on the special order form, answer three multiple choice "Cycling Trivia" questions and complete a tie breaker.

To support the competition the company is giving discounts on all lines listed.

Blue Stratos, Insignia and Old Spice are also benefitting from a £7.4 million television advertising campaign. The

offer ends November 27. A free rugby shirt is also available to customers when they order a combination of Wilkinson Sword products.

To qualify pharmacists need to order either one Skin Solutions pre-packed display unit or four cases from the listed products on the order form, including one case of Skin Solutions pre-shave and one post-shave.

Discounts include the Protector razor plus three blades (in a pack of ten) at £18.99; shave gel normal (10 150ml) at £18.58; Skin Solutions after shave lotion (five 100ml) at £20.29. **Unichem. Tel: 081-391 2323.**

Periogard: a natural for problem plaque

Colgate-Palmolive have launched a new dental brand, Periogard, which contains a natural ingredient claimed to be clinically proven to reduce plaque.

Periogard is a combined brushing and rinsing regime — toothpaste (50ml £2.49) and oral rinse (300ml £2.99). It is available only through pharmacies.

The active ingredient is sanguinaria, an extract from the bloodroot plant, which:

- interferes with bacterial cell wall synthesis, reducing plaque growth
- reduces bacterial adherence, inhibiting plaque formation, and
- causes bacteria to aggregate into clumps that are more easily dislodged.

Periogard is as effective as chlorhexidine, say Colgate-Palmolive. The treatment period of two weeks is longer than for chlorhexidine, but Periogard produces none of the side effects often associated with some other plaque control treatments — tooth staining, taste disturbance, a bitter aftertaste and increased tartar build-up. As a result, patient compliance is good, says the company.

Periogard is suitable for

anyone aged six years and over who needs to maintain a plaque control programme, or who needs long term treatment. For optimum benefit it should be used on a regular basis.

The regime involves brushing the teeth with the toothpaste twice a day, and rinsing with half a capful of the oral rinse after each brushing. For best results, patients should avoid eating and drinking for 30 minutes.

An additional benefit of Periogard is that it neutralises sulphur compounds and prevents bad breath, say Colgate-Palmolive. The toothpaste also contains fluoride.

The company is detailing both dentists and pharmacists, and expects recommendation will drive sales. Merchandising materials are available. **Colgate-Palmolive. Tel: 0483 302222.**



Endekay adds daily mouthrinse

Endekay daily fluoride mouthrinse is the latest addition to the Stafford-Miller portfolio.

Claimed to reduce caries by up to 40 per cent, it is suitable for anyone over six years old. Groups the product aims to target include wearers of orthodontic appliances,

those who find brushing difficult and those for whom caries is a problem.

Supplied in 250ml bottles (£2.19) Endekay daily fluoride mouthrinse has a minty flavour. PoS material includes a consumer leaflet and posters. **Stafford-Miller Ltd. Tel: 0707 331001.**



Winter remedies

Three Winter remedies have been introduced to the Vantage range.

Diphenhydramine adult expectorant (200ml £1.65) contains 12.5mg active ingredient per 5ml. Diphenhydramine Paediatric sugar-free, recommended for children from 1 year (200ml £1.55) contains 6.25mg per 5ml. Also new is Lemeze cough syrup (200ml £1.15).

For children there is Paracetamol Baby and Infant Suspension (200ml £1.89), containing 120mg paracetamol per 5ml and Paracetamol 6+ Suspension (200ml £2.20) for older children, with 250mg per 5ml.

Discounts are available on the range. A 15 per cent discount is given with orders of six outers and 17.5 per cent with ten or more outers. The offer runs until December 31. **AAH Pharmaceuticals. Tel: 0928 717070.**

Smokers gain fresh breath product

The first mouthwash aimed at smokers is being launched by Carter-Wallace.

Pearl Drops Smokers 1+1 mouthwash joins Pearl Drops Smokers 1+1 tooth polish and stain remover product. It has been formulated to meet the needs of smokers, whose biggest oral hygiene problem is bad breath, says the company. Offering dual benefits of an antiseptic and anti-plaque formulation, active ingredients are

cetylpyridinium chloride and sodium chloride.

The product will retail at £2.29 (250ml). Trial size 50ml bottles are available for the launch, and users of the smokers toothpolish will be offered 50p off the mouthwash via a coupon. The launch will be supported by Press advertising.

The mouthwash market is worth £58.2 million, a 17 per cent increase on last year (Nielsen).

Carter-Wallace. Tel: 0303 850661.



Nappy Sacks

Nappy Sacks will be distributed by Robinsons Healthcare with effect from January 1, taking over from Sterling Health. All orders after this date should be forwarded to **Robinsons Healthcare. Tel: 0246 220022.**

Gliss winner

Gliss Corimist Cleanse & Revive shampoo was awarded first prize in the best new haircare product category of the New Woman beauty awards. **Schwarzkopf. Tel: 0296 88101.**

New sizes

Oilatum emollient and Polytar liquid are now available in 250ml and 500ml pack sizes. **Stiefel Laboratories. Tel: 0628 524966.**

Gold campaign

Ever Ready are promoting their Gold Seal life-long guarantee in a nationwide poster campaign. **Ever Ready Ltd. Tel: 081-202 3171.**

Brush up sales

Bausch & Lomb are promoting Interplak for Christmas with a £500,000 Press campaign. Advertisements will appear in weekend supplements and daily newspapers. **Bausch & Lomb. Tel: 081-979 9688.**

Nickel free

Poly UK are acting as sole distributors for Poly Dots nickel-free ear piercing system manufactured by Lars Blomdahl of Sweden. The system has been recommended and approved by the DoH public health laboratory service. **Poly (UK) Ltd. Tel: 0628 33201.**

Baby products

Abdine have repackaged and extended their Tiny Tot range. Additions to the range include safety and orthodontic soothers, drinking cups, feeding bottles, latex and silicone teats. **Abdine Ltd. Tel: 041-881 1067.**

Medi-Dropper

The B&H Group have extended the Baby Play Safe range with Medi-Dropper, a medicine syringe for babies and young children. The dropper (£1.35) is calibrated in both millimetres and teaspoons. **B & H Group. Tel: 0562 825100.**

Tights for less

Orders of 15 or more outers of Vantage hosiery qualify for a 12.5 per cent discount. A 15 per cent discount is available on orders of 20 outers. A free display stand will be delivered with orders of 20 or more outers. **AAH Pharmaceuticals. Tel: 0928 717070.**

Time to exploit the children's market

There is a large potential for developing the paediatric medicines sector within pharmacies, fuelled by political and population trends, according to David Thrower, managing director of Intercare.

The baby care and child care sectors are some of the fastest growing in the market today, he pointed out. Baby care as a sector rose in value by 8.9 per cent last year to £1.2 billion, mainly due to parents spending more on each child. Added to this there is about to be a mini baby boom — the baby boomers are having babies. The number of births is forecast to grow by some 4 per cent.

"Now is the time for manufacturers and pharmacists to re-examine the sector," said Mr Thrower. He went on to unveil new market research from Taylor Nelson, commissioned by Intercare, looking at how mothers view the role of their pharmacist.

In the year to March there were 43 million GP consultations for children aged 1-10. Some 28 per cent did not result in a prescription. "This may reflect how GPs are reducing scripts for minor ailments, and referring to the pharmacist where appropriate," suggested Mr Thrower.

He listed the top ten prescription areas for children



David Thrower

where the GP is confident to refer to the pharmacist, suggested Mr Thrower.

But how does the mother view the pharmacist? The latest Mintel reports show that in response to the question "Do you ask local pharmacists for advice on illness/treatment?" some 60 per cent of all housewives said "yes" and, more importantly, 75 per cent of mothers with children placed greater reliance on their pharmacist.

Another finding confirms this high level of confidence. Seventy four per cent of

Table 3: Top ten GP recommendations

1 Calpol, 2 calamine, 3 Karvol, 4 Disprol, 5 Tixylix, 6 Dioralyte, 7 Sudafed, 8 Benylin, 9 Actifed, 10 Vicks

housewives and a higher 83 per cent of mothers agreed with the statement "I think that pharmacists are as effective as doctors when it comes to providing advice and product recommendation".

"To investigate this in more detail we interviewed 200 mothers with children aged 1-10 in a little more depth," said Mr Thrower. In response to the question "How do you rate the advice of the pharmacist versus that of the GP?" a "staggering" 65 per cent thought that a pharmacist's advice was as good as a GP's!

When asked "Who are mothers turning to when they are in the pharmacy?" 42 per cent always speak to the pharmacist. But the number who always speak to the counter assistant (24 per cent) is surprisingly high. "You do need to ensure your staff have been trained to give advice," said Mr

Compliance still the stumbling block for asthmatics

Despite recent improvements in delivery systems and a deluge of educational literature, asthma still claims more than 2,000 lives in the UK every year. So what is going wrong? asked Roger Bell, customer services manager at Fisons Pharmaceuticals.

There is a range of well proven remedies which offer symptomatic and prophylactic relief. Self-help groups are growing in number, as are asthma clinics in health centres. Yet still patients do not seem to

Thrower. Most customers (39 per cent) consulted the pharmacist rather than the GP because the problem was not important enough, but 19 per cent said it was quicker to see the pharmacist.

However, only 43 per cent of mothers have consulted their pharmacist about their child's health in the last year, even though 65 per cent think that pharmacists' advice is as good as GPs', said Mr Thrower.

"This leaves a deficit of 22 per cent who think that the pharmacist's advice is as good

Table 1: Top areas of GP consultations (MAT Mar 1992)

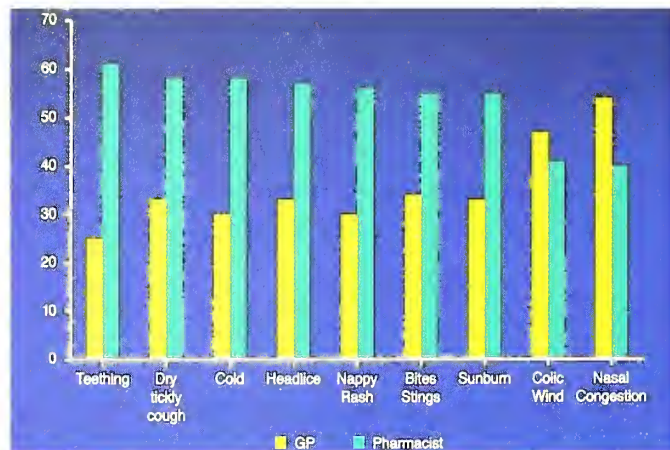
Main therapeutic areas	No of prescriptions
1 Acute upper respiratory infection	4,830,000
2 Otitis media	3,571,000
3 Asthma	2,709,000
4 Acute tonsillitis	2,021,000
5 Bronchitis	1,940,000
6 Sym inv respiratory	1,836,000
7 Atopic dermatitis	1,400,000
8 Intestinal infections	1,347,000
9 Disorders of conjunctiva	1,210,000
10 Acute nasopharyngitis	881,000

(table 1) and also the main areas where doctors do not tend to prescribe (table 2).

A list of the top ten brands recommended by GPs (table 3) covers the same areas where doctors tend not to prescribe for children. This table would seem to give some insight as to

Table 2: Percentage of diagnosed cases not receiving a prescription

1 Viral upper respiratory tract infection	63%
2 Sunburn	55%
3 Chronic cough	50%
4 Snuffle	44%
5 Cold	39%
6 Diarrhoea	39%
7 Cough	33%
8 Sore throat	30%



The response from mothers when asked where they would go first if their child was suffering from any of the ailments listed

as the GP's but never consult him. This must be an opportunity for the pharmacy."

Reasons for mothers visiting their pharmacy are: it's local (51 per cent); it's convenient (29 per cent); but only 18 per cent because they find it friendly.

There are a number of companies and organisations promoting the pharmacist's cause, said Mr Thrower. The NPA promotes pharmacy through its advertising campaign. The PAGB plans to supply a new OTC directory for GPs to further their OTC recommendations. Intercare are also producing a booklet on child healthcare to be distributed through pharmacies.



Colgate Palmolive's Alison Plant (business account manager) and Michael Bealing (chemist sector development manager) fight it out in the opening session of the Convention. Alison, representing the chemist, highlighted some of the advantages that the independent pharmacist has over the grocery multiples in the toiletries market

be getting freedom from attacks and good quality of life. "The gap appears to be in the area of that old hot chestnut — communication," said Mr Bell. "Does the average asthmatic understand the condition and how best to use their prescribed medication?"

Studies have shown that sufferers do remember instructions about how to take their medication, and often have in-depth knowledge about the disease and allergens they should avoid.

There would appear to be a gap, however, in the "understanding" of many patients in how to manage their condition. Once they are out of sight of the health care professionals they do what they want to. "That they can be entirely symptom-free for many days makes compliance even more difficult," said Mr Bell.



Roger Bell with his "worldwide patented asthma demonstration kit for pharmacists"

There is a great deal of evidence that pharmacists are better at communicating information to patients than doctors or nurses, and Mr Bell listed three areas where pharmacists can help:

- Checking technique
- Checking understanding
- Checking knowledge

Many patients do not get the best from their inhaled therapy because they do not listen to the initial instructions. And over the weeks and months they may forget or cut corners.

"It is easy to assume that someone who has used a particular type of delivery system for a period of time is using it well," said Mr Bell. "Just go through the 'show me how you use it' check."

Is the head tilted back in order to straighten the airway? The patient should breathe out fully, place the mouthpiece behind the teeth before closing the lips, then breathe in at a steady rate and "fire" the device while continuing the inward inspiration. After removing the inhaler is the breath held for 15-20 seconds before breathing out?

Advice on using dry powder inhalers — Spinhalers, Rotahalers, Turbohalers and Diskhalers — may be required.

And help may be needed with high volume spacers and nebulisers.

Many asthmatics will be on a combination of "relievers" (bronchodilators) and "preventers" (steroids) and it is worth checking whether patients know which drug does which job. This will help them appreciate the different dosage regimens, said Mr Bell. Pharmacists are also in a unique position to identify "unbalanced" use of therapies by their prescription demand.

Asthmatics who understand their condition can react to control their symptoms. They need to understand the number of doses of bronchodilator that can be taken before they should seek further help.

Patients often experience a deterioration of their condition hours or days before a full blown attack. By understanding the process and acting correctly they can reduce risk of a severe attack.

In brief...

● The honeymoon period between generic manufacturers and their multinational parents is over, according to Tom Delahoyde, national sales manager at APS Berk. But there is little prospect of price competition easing in the sector, he said. The new product pipeline is drying up, with few major brands coming off patent in the near future. Supply of existing lines will continue to exceed demand.

The era of the multinational generic company is not far off, he said, and the generic part of the pharmaceutical giant could well become the dominant partner. Such companies will be able to make quick entries into diverse national markets.

● A new insulin delivery system which is responsive to changes in the body's biochemistry is being developed by Lederle. Senior product manager Sue Mundy-Jones described a polymer system sensitive to pH and body temperature, which also contains the enzyme glucose oxidase and insulin.

When there is circulating glucose in the bloodstream it diffuses into the polymer and is broken down by the glucose oxidase to gluconic acid. The polymer "senses" the acid and "squeezes out" the insulin. If there is no circulating glucose, the polymer releases no insulin.

● Apart from presenting at the Convention, the Procter & Gamble Health & Beauty Care team took the time to host a workshop to hear the views of their independent pharmacy customers. Pharmacy sales manager Peter Binfield and southern area manager Pollyana Fuller listened to the points made by the 30 plus pharmacists who attended.

Studio B of 38 Weston Park, Weston Green, Thames Ditton, Surrey KT7 0HL (tel: 081-398 6994), with local help, staged and co-ordinated the business sessions at the Convention.



NEW LINKPEP HAS BEEN DESIGNED TO

AUTOMATICALLY GENERATE PRESCRIPTION

ENDORSEMENTS, ELIMINATING THE

THE

PROBLEMS OF REMUNERATION AND

PRESCRIPTION

REIMBURSEMENT BY ANALYSING ITEMS IN

ENDORSEMENT

RELATION TO THE DRUG TARIFF AS

PROGRAM

THEY ARE DISPENSED. THERE IS NO SIMPLER

THAT GIVES

WAY TO ENSURE YOU ARE CLAIMING ALL

YOU

THE FEES YOU ARE ENTITLED TO.

LINKPEP FROM AAH - WE'VE PUT 100%

INTO IT SO YOU CAN TAKE 100% OUT.



PHARMACEUTICALS
LIMITED

WHERE IT ALL COMES TOGETHER.

How to handle your lawyer

Resorting to law in any dispute is generally an expensive last resort, dreaded by the litigants on both sides. Sometimes, however, there seems no realistic alternative. Mark Lawton of solicitors Ford & Warren provides some signposts through the legal jungle — from a lawyer's perspective

Getting the best from your solicitor, especially where matters of litigation are concerned, is best achieved in an atmosphere of mutual understanding and trust, and both these are dependent on good communications.

It is important to remember that you are both in the same camp, fighting the same corner. Compare the client's objectives to those of the solicitor: the client wants a good result at a reasonable price with minimum inconvenience and disruption to its ongoing concern. The solicitor wants to do a good job for the client (so the client will come back), make a reasonable profit, and wants the job to progress as efficiently and smoothly as possible. On the face of it there should be no conflict.

However, a pitfall arises when litigation reaches the "discovery stage". Here, the solicitor acting is obliged to serve on all parties in the proceedings a schedule of all documents in the client's possession relevant to the issue. This is invariably a daunting and highly expensive process. Clients typically have an inbuilt reluctance to invest the substantial amount of time and effort required to complete this process satisfactorily.

Moreover, the clients tend to "lose" documents throughout the litigation, perhaps under pressure from their (or the other parties') solicitors that a particular type of document must be in their possession. This increases litigation costs dramatically (both of the lawyers and other professionals engaged in the litigation), exasperates the solicitors and, in practical terms, may make



the difference in the client being held liable for costs of all parties in the litigation.

Even if all goes smoothly and full discovery is given, a client's satisfaction of a job well done may change to dismay when the solicitor's next interim account passes over the client's desk. It should not. Solicitors read documents and charge for it.

The reason for this dismay is often ignorance. Such ignorance may be the fault of the client in not heeding cost projections and warnings given by the solicitor at the outset, or equally, the solicitor in not giving such advice competently or at all.

It was partly for this reason that every solicitor in private practice is now obliged to ensure that certain information is communicated effectively to clients. Armed with this information in advance the client can ensure that the solicitor performs to the required standard and the client's satisfaction at all times.

Solicitors' obligations

The client should be told at the first appointment the name and status of the person who will be handling the case and the

partner responsible for the overall supervision of the matter, including dealing with any problems which may arise.

Ensure that the solicitor gives you this information. It is also helpful to obtain the name of an assistant or secretary who may be able to help with inquiries.

At the outset of the matter, or as soon as possible, the client should be told:

- What issues of fact or law are raised by the matter
- What options there are for dealing with the issues and which the solicitor proposes to adopt
- What action the solicitor will take to deal with the case and, in particular, what immediate steps will be taken
- What action, if any, the client has to take.

Ensure that the solicitor provides this information and request confirmation of it in writing. Written confirmation of relevant issues can then be used by the client as a blueprint to monitor the performance of the solicitor. If the case is decided on an issue not identified by the solicitor then it is fair to expect the solicitor to justify why that issue was not identified at any stage during the case.

The solicitor should give an

estimate of the likely timescale to conclude the case at the outset. In many instances this is bound to be speculative, and this should be emphasised to the client. The client should, however, be informed of the factors which affect speed of progress. The solicitor should tell the client when he can next expect contact from the solicitor. Where any timescale given alters, this fact should be communicated to the client.

The solicitor should always keep the client informed of the progress of the matter. The client should always, therefore, be kept informed of reasons for any serious delay which occurs during the progress of the case.

The solicitor should advise the client when it is appropriate to instruct a barrister in the proceedings. This has a significant effect on the likely costs of the action, so ask the solicitor to justify why a barrister is required. After all, apart from the client, the solicitor should have the next best knowledge of the case.

The solicitor should ensure that the client understands the basis for charging. Specifically, the solicitor should explain the basis of calculation of his fees; this is likely to be a standard hourly rate plus a mark-up. The applicability of the mark-up and the appropriate rate will depend on factors such as the difficulty/complexity of the matter, the importance of the matter to the client, and the amount at stake in the proceedings.

If the solicitor wishes to reserve the right to revise his rates, this must be made clear to the client at the outset.

The solicitor should always try to give a forecast as to the likely cost of the matter. The forecast could be in the form of a range of possible totals, alternatively, "not more than £x inclusive/exclusive of VAT and disbursements". The final amount charged by the solicitor should not vary substantially

Economy measures follow NPA subscription freeze

The decision by the National Pharmaceutical Association to freeze subscriptions for next year means a number of economy measures will have to be taken.

These will include reduced public relations activity, restraint on staff salaries, less representation at conferences and events, a freeze on board members' out of pocket expenses, a smaller sum allocated to the reserves and savings in staff costs.

Meeting last week, the NPA's finance committee accepted the Association is not immune from inflation and that many costs are likely to rise at a faster rate. But the difficulties faced by pharmacy proprietors in 1993, especially a substantial reduction in gross profit on NHS dispensing, indicate a need for costs to be kept to a minimum.

Advertising campaign to continue: The NPA's corporate advertising campaign is to continue for another year. The Board felt that it was more important than ever to maintain a high profile for pharmacy. The advertising agency McCann-Erickson have been instructed to target the media most likely to reach women of childbearing age.

The results of the latest tracking study of 2,711 adults (1,471 were mothers with young children) showed a significant shift away from the GP towards the community pharmacist by those seeking advice about common ailments. This year's advertisements had performed well, with a high level of recall and awareness.

Residential homes leaflet: To help pharmacists promote their services to residential homes the charge for the coloured leaflet is to be dropped.

The Board agreed to a joint

stand with the Society and PSNC at next year's NAHAT conference exhibition in Bournemouth.

Stop Smoking initiative: The NPA is to co-operate with Kabi-Vitrum in an exercise to promote the role of the pharmacist in smoking cessation. The initiative is to be a development of the anti-smoking workshops previously run in conjunction with Lundbeck. A steering committee is to develop a press and media campaign and distance learning material for pharmacists.

• The NPA is to endorse a new series of books — Dr Mike Smith's Postbag — which will cover health problems such as HRT, stress, backpain and arthritis.

• The NPA is to continue to support Re-Solv, the solvent abuse charity. An information and display pack is to be mailed to members.

• Although new EC regulations will raise the minimum weighing limits for dispensing balances, there will be no need for pharmacists to replace existing equipment.

• The NPA continues to receive complaints about the activities of nurses employed by the manufacturers of stoma equipment. These "consultant nurses" frequently gain access to patients in hospital and effectively persuade them to send their equipment scripts to their employer.

• The European Pharmacy Group has decided to allow EFTA countries to attend all future meetings as observers. EFTA countries will, from January 1993, be adopting all existing EC legislation and have a consultative role in drafting new directives.

from the forecast unless the client has been informed in writing beforehand of a change in circumstances.

In some cases the solicitor may genuinely be unable to give a forecast as to likely costs. In this event he should still give such general information as he can and ensure that the client is kept informed about costs as the matter proceeds. As part of this obligation, the solicitor should confirm to the client that he is entitled to set a limit on the costs which the solicitor may incur without reference to the client.

The solicitor should clarify the position regarding VAT and disbursements and should identify to the client what reasonably foreseeable disbursements or other payments the client may have to make and the stages at which they are likely to be required. This will assist the client in terms of cash flow planning.

The client should be informed both at the outset and reminded at appropriate stages during the litigation that he is responsible for payment of the solicitor's bills in full, regardless of any order for costs made against the opponent. If the client loses he will have to pay the opponent's costs as well as his own costs; whereas if the client wins the case the opponent may not be ordered to pay the full amount of the client's own costs and may not be capable of paying what he or she has been ordered to pay.

Legal aid trap

If the opponent is legally aided the solicitor must also warn the client that even if successful the client may not recover costs.

In all civil litigation matters it is of paramount importance that the solicitor should consider with the client whether the likely outcome will justify the expense or risk involved.

All this information should be confirmed as soon as possible to the client, and preferably on the first interview, to be confirmed immediately afterwards in writing. If the information given becomes inaccurate for whatever reason this should be immediately communicated to the client. A client should at least every six months be told the approximate costs incurred to date. Where the solicitor has reserved the right to do so, the solicitor will more usually deliver interim bills.

These requirements on the part of the solicitor touch on the main pressure points in litigation when tend to be:

- Taking full initial instructions and getting to grips with the case and documentation
- Discovery and inspection of other parties' documents
- Forming and properly instructing your expert team and
- The trial.

To the extent these points are mutually considered and planned for in advance, practical steps can be taken to reduce any unnecessary

pressure. This oils the litigation wheels and the client and solicitor get a smoother ride.

The client's role

What practical steps should a client take?

First and foremost, he should take time at the outset to ensure that the solicitor is fully apprised of the facts. Don't take a mass of jumbled paper work into the first appointment; let the solicitor have structured documentation in advance, with a summary of the relevance of that documentation. Time spent at this stage will be saved later on, and will enable the solicitor to give correct advice at an early stage.

Immediately the first interview takes place, insist that the solicitor explains fully potential liability for costs in the proceedings, what the litigation will demand in terms of time input, when the key points will arise in the particular case, and how they should be dealt with. Clients are entitled to this information, so insist upon it and ask for it to be confirmed in writing immediately after the first interview.

In complicated and/or high value cases, ask the solicitor to advise on the financial position of the other parties.

Provide the solicitor with all documentation which in any way relates to the issues in dispute as soon as possible, and be guided by the solicitor whether a document is relevant or not. Generally, when the solicitor asks for further documentation there is a reason, so answer the request as quickly as possible. When the solicitor receives copies of documents produced by other parties, invest more time and go through this documentation. Discuss it with the solicitor. Insist on a written advice as to the significance to the case of the documentation produced.

In the short term such pro-active involvement by the client will marginally increase costs. However, long term however it is a shrewd (if not a blue chip) investment.

Prize fighter

Solicitors will render interim accounts throughout the litigation. In the larger cases accounts will be delivered monthly, if not more often. Pay the solicitor's bills promptly. If accounts are disregarded work will eventually stop. There is nothing worse from a solicitor's point of view to be involved in a stop-start retainer: It harms the case.

Your lawyer is your prize fighter in the litigation arena and it is in your interest to keep him happy. Query an account by all means, but do not put it to the bottom of the invoice pile hoping to squeeze 90 days out of it. If accounts are paid late, the mechanics of the case will probably continue, the lawyer will still try to come to the aid of the damsel in distress — but in the meantime she will have gained a few pounds.

Letters

Smart cookie gets burnt?

Further to your reference to Maureen Cropper Public Relations being the first prize winner in the National Association of Health Authorities and Trusts competition for the best health care campaign (C&D November 7 p828), I would be grateful if you could publish the following corrective statement:

The Pharmacy Health Care Steering Committee would like to clarify that the slogan "Smart cookies don't burn" was, together with the gingerbread

men, invented by the Pharmacy Guild of New Zealand and used in their own campaign on this topic previously.

The Guild, through the Pharmaceutical Society of New Zealand, allowed this slogan to be used for the purpose of the "Sunwatch" campaign and the steering committee gratefully acknowledges that, without it, the campaign would not have been the success which it proved to be.

Saskia Zeelenberg

Project co-ordinator, Pharmacy Health Care

Pharmacyupdate

The troubled kidney

In the first of a two-part series on the kidney, Catherine Duggan and Charlotte Fry of the Centre for Pharmacy Practice, The School of Pharmacy, London, look at renal diseases and their treatment.

The kidney is the final common pathway for the excretion of most drugs and their metabolites, and it is subjected to high concentrations of potentially toxic substances. Consequently, many groups of drugs can cause renal damage, and their effects are increased by the presence of pre-existing renal disease.

It has justifiably been said that the composition of body fluids is determined not by what the body takes in but by what the kidneys keep. Probably the major reason for the signs and symptoms associated with renal disease is that the kidneys lose their ability to regulate the composition of the body fluids, primarily because of a failure of renal function.

Renal impairment

Renal impairment is not a disease in itself but the result of any disease process which damages the kidney. A patient with renal impairment may be suffering from any of a wide variety of renal or systemic diseases which may themselves require therapy. And the presence of renal impairment may itself produce a wide range of clinical manifestations which have to be treated symptomatically.

The failure of the excretory function of the kidneys may lead to the accumulation of a drug, with consequent toxicity.

It is important to reduce this risk either by making appropriate alterations in dose and/or frequency of dosing, or by ensuring that an alternative drug is used.

It is equally important that the toxicity of any other drug used has been assessed and that it will not cause further renal impairment, ie. that it is not nephrotoxic.

In renal failure the homeostatic and endocrine functions of the kidney are impaired or lost, resulting in an

However, the severe effects of toxin and fluid overload may only be rectified by dialysis, either as an interim process (as in reversible renal failure or prior to transplantation) or as a permanent life saving measure.

Assessment

The extent of accumulation of drugs given to patients with renal impairment depends on the degree of dysfunction and the dose. Consequently, before an appropriate drug and dosage schedule can be chosen,

glomeruli and, by extension, the number of functioning nephrons.

The most practical method of measuring the GFR is to estimate the creatinine clearance (CrCl). Creatinine is a by-product of normal muscle metabolism and is formed at a rate proportional to the mass of muscle. It is freely filtered by the glomerulus with little secretion or reabsorption by the tubule.

When muscle mass is stable, any change to the plasma

creatinine reflects a change in the clearance by filtration.

Measurements of creatinine clearance can therefore indicate the GFR.

The ideal method of calculating creatinine clearance is by performing an accurate collection of urine and taking a plasma sample midway through this process. However, a quicker and less cumbersome method which is widely used is to measure a plasma sample and collect patient data including age, sex and weight, all of which affect muscle mass. The creatinine clearance is assumed to be 120ml/min and a simple equation is used to calculate the actual rate.

It is important to realise that although loss of nephrons can indicate renal disease, it is also a process that occurs through natural ageing. This is accounted for by an age factor in the equation.

Patients with renal impairment may have an elevated plasma urea as well as creatinine. This can also be used as a sign of renal function. However, its production rate is considerably more varied than creatinine,

fluctuating in response to the protein content of the diet. Plasma urea levels may also be elevated by dehydration or an increase in protein breakdown, for example during surgery, haemorrhages or trauma.



accumulation of waste products and distortion of fluid balance. Under certain circumstances, dietary modification, drug treatment and hormone supplementation improve many of these abnormalities.

the severity of renal impairment must be assessed.

This assessment is universally made by measuring the glomerular filtration rate (GFR), which effectively reflects the number of functioning

Choosing a drug

Having estimated the degree of renal impairment, the next step is to choose the most appropriate drug. The most acceptable drugs are usually those which have a wide therapeutic margin, are eliminated by routes other than the kidney (such as the liver, the gastrointestinal tract, or the lungs), and are not nephrotoxic themselves.

Chronic renal failure

The drug treatment of chronic renal failure (CRF) is largely a response to symptoms. Virtually every system in the body can be affected in CRF and patients respond in different ways. CRF can be attributed to several

blood pressure and there are a number of drug treatments which can be tried.

The onset of hypertension is insidious and non-discriminatory; regular blood pressure measurements are mandatory.

Preliminary evidence shows that the control of blood pressure may play a greater role in the slowing of renal decline in these patients.

Loop diuretics: Frusemide and bumetanide are the only diuretics which are useful in CRF. Thiazide diuretics, with the exception of metolazone, are ineffective once the GFR falls much below 25ml/min and may accumulate.

Potassium sparing diuretics are inappropriate, with potassium supplements being administered to those suffering

Minoxidil is a potent vasodilator which is used only as a last resort. It is often used in conjunction with a beta-blocker to counteract any tachycardia, and a loop diuretic to reduce fluid retention caused by the drug.

Oedema

Oedema may occur as a result of sodium retention and the associated water retention. Some patients have low serum albumin as a result of their renal disease and this too can lead to fluid retention. Oedema is best controlled by dialysis but diuresis can also play a part; the criteria for choosing diuretics is the same as for the treatment of hypertension.

Many patients are on a strict fluid intake regime and diuretics are useful for removing water, with the removal of fluid allowing the patient to drink more.

Electrolytes

Potassium ions are lost to balance any sodium retention, resulting from aldosterone production, but potassium levels are mainly controlled by tubular secretions which is lost in the latter stages of CRF. An excess level of potassium (hyperkalaemia) is dangerous and may lead to cardiac arrest if not effectively controlled.

Insulin and glucose

Insulin shifts potassium into the cells and thus reduces serum potassium. Glucose is given to prevent hypoglycaemia developing. Calcium gluconate is also given to prevent arrhythmias.

Calcium resonium

This is an ion-exchange resin which exchanges calcium ions for potassium ions as it passes through the intestinal tract. It may be given orally or rectally and is effective in patients who have serum potassium between 6.0-6.5mmol/L.

Diet

Patients with CRF are usually on a potassium restricted diet. Most renal patients usually have a dietitian who advises them to steer clear of certain foods high in potassium including bananas, oranges, dried fruits, instant coffee, curry powder. The potassium content of concurrent medication must also be considered.

Calcium/phosphate metabolism

The kidney has a role in maintaining the balance of calcium and phosphate in the body. In CRF the phosphate excretion decreases leading to an increase in the serum phosphate. This, in turn, leads to a fall in serum calcium which stimulates the parathyroid gland, causing hyperparathyroidism.

The kidney is also responsible for the conversion of active vitamin D, responsible for normal absorption and utilisation of calcium. This results in renal bone disease

characterised by osteoporosis, bone pain and myopathy. The high levels of phosphate can lead to pruritus.

Treatment can be in one of three ways:

- Diet, as advised by the dietician
- Phosphate binders such as aluminium hydroxide
- calcium supplements, such as alfacalcidol or calcitriol.

Many patients become anaemic as a result of the kidney's inefficiency to produce erythropoietin, the body's hormone responsible for the production of red blood cells. Therefore iron supplements are given together with genetically engineered erythropoietin.

Some patients take multivitamins in the water soluble form, but vitamin A supplements should be avoided as the vitamin can accumulate.

Analgesia can be obtained from hepatically cleared drugs such as paracetamol. Large doses of aspirin should be avoided as the drug can accumulate and may alter protein binding. Some morphine metabolites are renally excreted and so are best avoided.

Acute renal failure

Acute renal failure (ARF) may be clinically defined as any sudden fall in GFR sufficient to cause uraemia: oliguria (GFR<15ml/hour) is a feature in many patients. Non-oliguric renal failure is seen, however, in an increasing proportion of patients suffering from burns and nephrotoxic damage (particularly due to amino glycosides and radio contrast media).

ARF is usually diagnosed during the treatment of some other condition, either on the basis of a rise in plasma creatinine or a drop in urine. Renal failure can often occur if these cases are not promptly acted upon.

Treatment

Treatment of ARF usually depends on rapid and accurate diagnosis. This involves the restoration of fluid and electrolyte balance together with the insertion of a central venous pressure monitor.

Correction of hypoxia and acidosis may also improve cardiac and renal function. Diuretics may protect tubular function by diverting energy from sodium transport to cellular metabolism, or by inhibiting tubulo-glomerular feedback.

Conclusion

The basic rule for prescribing and dispensing medicines for the renally impaired is to consider the nephrotoxicity of the medication, the severity of the impairment itself, and the condition for which the medication is being prescribed — in other words, the benefit-risk ratio to the patient concerned. As ever, the pharmacist needs to maintain a vigilant approach to prescription monitoring, and intra-professional communication.

Classification of renal impairment

Degree of renal impairment	Glomerular filtration rate
Mild	75-50ml/min
Moderate	50-20ml/min
Severe	<20ml/min (patient is usually uraemic and may require dialysis)

causes, and it is important to find the cause of a patient's disease because:

- Some causes (for example obstruction and hypertension) are reversible and treatment can delay progression to end-stage renal failure (ESRF), or stabilise renal function, albeit impaired, so that ESRF does not occur.
- A prognosis for the likelihood and rate of development of ESRF can be given and preparation, if required, can be appropriately timed and planned (examples are patients with focal glomerulosclerosis or polycystic kidneys).
- If transplantation is being considered, the risk of recurrent disease in the graft can be assessed, such as in patients with anti-glomerular basement disease.
- diagnosis of a familial disease may benefit the family by early diagnosis, treatment and genetic counselling.

CRF has been defined as a glomerular filtration rate below 12-15ml/min. At this level of GFR, symptoms and complications of uraemia often occur, though some patients may be asymptomatic until their GFR falls below 5-10ml/min.

Hypertension

Hypertension occurs in about 80 per cent of patients with CRF. In some cases it is the cause of the renal failure. In others, hypertension is caused by the renal disease, by activation of the renin angiotensin system, leading to hyperaldosteronism and sodium and water retention.

It is important to control

hypokalaemia.

Beta-blockers: Patients with CRF respond well to beta-blockers. However, the choice of drug is complicated by the renal disease and tends to vary between renal units.

Some beta-blockers, for example propranolol, may impair loop flow to the kidney in advanced disease while others, such as atenolol, are renally excreted.

The obvious choice would seem to be cardioselective, hepatically cleared drugs such as metoprolol, but drugs such as atenolol or propranolol are well tolerated and effective provided they are introduced at low doses and adjusted according to individual response.

Calcium channel blockers: These drugs have resulted in an increased number of side effects in patients with CRF, but can be effective in the treatment of hypertension and angina if introduced at low doses and gradually increased.

Angiotensin-converting enzyme (ACE) inhibitors: Many patients with CRF have hypertension dependent on this system. Drugs must be used with caution in renal failure as they have been shown to accelerate the rate of decline of renal function.

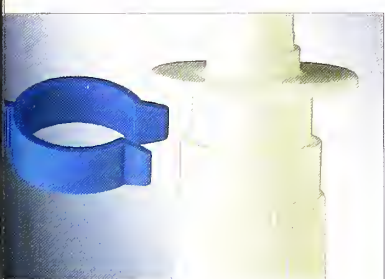
Care is also needed in end-stage renal failure as these drugs cause potassium retention. Shorter acting agents, such as captopril, are more beneficial as they are renally excreted.

Vasodilators: The two most commonly used vasodilators are hydralazine and prazosin which are hepatically cleared.



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Sudafed Nasal Spray. Designed for people on the go.



Wellcome

Planning in store

With the economy spinning out of control shopfitting could be in the doldrums, but the reality is more complex, as the NPA's head of pharmacy planning Ray Todd tells *C&D*

Significant outspends such as refitting your retail business are, according to the current shibboleths of business practise, best accepted when the economic outlook is at least predictable, if not buoyant. However, with the current recession teetering on the edge of slump, and with the authority of economic forecasters seriously weakened by their failure to predict the length and depth of the downturn, this may look a uniquely unfavorable time to invest in the future.

That may be the theory; but in commercial practice a more complex set of parameters apply.

The NPA's head of pharmacy planning Ray Todd estimates he has seen a downturn of between 20 and 25 per cent in full refits in the past year.

"Yes, there has been a reduction in the number of full refits because of the the economic climate, but there has been quite a bit of activity on partial refits," says Mr Todd.

"This applies particularly to dispensaries. The increase in original pack dispensing activity means space is becoming tighter, so pharmacists and pharmacy managers are looking at continental drawer systems.

"On top of that, there continues to be a lot of movement in fitting areas for consultation and ethical services — pharmacists are becoming more aware that they must have an area where they can consult."

Partial boom

Partial refits is an area which has more than held its own, with the NPA's workload increasing appreciably in the past year, says Mr Todd, though sometimes this is an alternative to a full blown refit. "If a pharmacist is in a depressed area where a factory has been shut down, the local pharmacy tends not to go head with a full refit, as it would be "social dynamite". So they put the work off; we have upwards of 40 jobs put on ice with all the plans in place until the economic situation improves in their locality.

"This is a phenomenon more of the shire towns and smaller communities than of city centres. At the moment we are noticing this particularly in the Yorkshire coalfields."

One consequence of this

uncertain trading environment for shopfitting concerns is that the smaller shopfitting businesses are finding difficult to get good quality work. Shopfitters are going bust in the current economic climate, confirms Mr Todd. This holds obvious dangers for the customers of shopfitting services, but pharmacists using the NPA-approved contractors can take advantage of the Association's free deposit protection scheme, so if they are unfortunate enough to employ a shopfitter which subsequently closes down before the work has been satisfactorily completed, they do not lose this money, says Mr Todd. "The scheme is used a lot at present."

Consultations up

That being said, he makes the point forcefully that no NPA approved shopfitter has gone broke in the past 12 months. "And we are not so concerned about the solvency of big companies such as ZAF and Beanstalk. They are able to take care of themselves."

Generally, consultations for shopfitting by the NPA are up. "A lot of members are terrified of going directly to shopfitting contractors in case they make the job into a larger (and hence more expensive) one than really necessary." The NPA is also consulted by architects and developers looking to build on green field sites: "They need advice on the size and shape of a shop appropriate to pharmacy; we have 15 to 20 of this type of job running all the time."

The economic downturn generally and some economic blackspots particularly has led to an increase in demand for solid security shutters for shop windows. "There has been a movement in shop fronts to make them more secure.

"Some pharmacists are getting planning permission to fit security shutters and grilles, though the authorities sometimes object," he said

Mr Todd sums up the current climate: "It is an unreal setup — the volume of total refits is down, while relocations and minor refurbishment is taking big strides. But whatever the situation, we have the contacts and the independence to provide reliable consultancy services."



New wine in old bottles

While full pharmacy refits may be relatively uncommon in the present economic climate, some businesses with an eye to the longer term are taking the opportunity to modernise. For two pharmacies in particular, old premises provided both particular problems and special opportunities

There are not many pharmacies in the UK occupying premises which were purpose-built as a chemists shop over 100 years ago. And there are probably even less which, when faced with the necessity of a refit, use resuscitated and refurbished original Victorian display and dispensing equipment. But the Maple Leaf pharmacy on Twickenham Green has taken this route.

Twickenham Green is the centre of an affluent residential area. There has, however, been what can best be described as

retail erosion, as the rents and other costs have risen. The last two years has seen a reduction from nine retail outlets to just two — a motor cycle dealer and the pharmacy itself.

Proprietor and pharmacist-manager Galen Rosenberg has recently taken over the business from his father, Paul. As well as having the inevitable bustle of a busy pharmacy, the Maple Leaf also looks after four nearby residential homes. On top of this the pharmacy supplies oxygen to some 23 bedridden



The Maple Leaf: Radically altered but still traditional

patients in the area.

Against this trading background, Mr Rosenberg has been looking to enlarge and develop his product range while at the same time become more price-competitive with front of shop goods. Buying in baby care products direct has cut costs considerably, while Mr Rosenberg has not been afraid to branch out into environmentally friendly cosmetics, health foods, and even ice cream, soft drinks and sandwiches.

This growth has lead Mr Rosenberg to refit the shop, dispensary and storage areas of the business.

Mr Rosenberg retained Conoley & Webb as architects for the project and M. F. Davis & Sons as main contractor. JR Shopfittings, a BFN Showrax main distributor, were employed to carry out the detailed refit.

The architects' brief was to incorporate many of the traditional features of the original pharmacy, but in a way which would enhance the overall efficiency and customer friendliness of both the retail and dispensary areas. A vital ingredient of this brief proved to be display and dispensing equipment found stored in the premises' former maid's quarters; these became the central features of the new design.

Cabinet makers

Specialist cabinet makers and joiners were retained by JRS to renovate the Brazilian mahogany Victorian cupboards, display cases and drug drawers, and the original brasswork. New fittings have been matched in using a mahogany effect finish in key areas.

This has been complemented with BFN Showrax display shelving in cream epoxy resin with simulated mahogany nosings.

The 1,200 sq ft of display and merchandising space now has 20 wall bays, and in the centre of the shop 20 gondolas are clustered together to give customers access to the dispensary and consultation areas.

A squared-off dropped ceiling for the back of the sales area with modern lighting fixtures echoes the disposition of these gondolas.

The focal point of the refit is a renovated Victoria cooking range at the end of the longest display run; above it space has been allocated for herbal products.

Paul Rosenberg is a Canadian, hence the Maple Leaf pharmacy, and an elegant design touch is the maple leaf emblem etched onto the glass "sneeze screens" at each end of the dispensary.

The new design incorporates some 600 feet of storage space, enabling the former storage room at the rear of the shop to be turned over to the extended range of baby care products which is now a feature of the business.

Upstairs, which is where the family lived until 1985, had

already been renovated and refitted to provide consultation rooms for alternative and fringe medicine such as homoeopathy, osteopathy, reflexology, aromatherapy and remedial massage.

Reg Bale of JRS says: "The original shop has been radically altered and extended to produce what is virtually a new pharmacy, but without alienating the many valued old customers."

Elizabethan

Refitting a pharmacy situated in a building which dates back to Elizabethan times presents special problems, as Mrs Mason at The Pharmacy, Berkeley, Gloucester is the first to appreciate.

The pharmacy has been in the building for 120 years, and the sales area is in the oldest part of the building, which dates back to 1600. The dispensary is situated in a 250 year old extension to the rear of the shop.

Mrs Mason wanted a modern system which did not betray the pharmacy's heritage. She turned to NPA-approved shopfitters Yorkline to do the work.

After many hours discussion between Mrs Mason and Yorkline it was decided to opt for a modular system, but with special trims.

After doing a thorough survey of the building, Yorkline concluded that in the original state it was not conducive to customer flow. A structural engineer was bought in to see what improvements could be made to the building, and it was decided that two pillars and a wall could be removed without damaging the character of it. This structural work was carried out over three weekends, to minimise disruption to the business.

Mrs Mason wanted the focal point of the dispensary to be a continental drawer system. However, this had to harmonise with the general ambience of the building if the result was to be acceptable. With this in mind, it was decided that the finish of the drawer system should set the tone for the rest of the pharmacy. The finish selected was a medium oak veneer front. Standard drawer handles were judged to be too modern, so solid brass handles and ticket holders have been used.

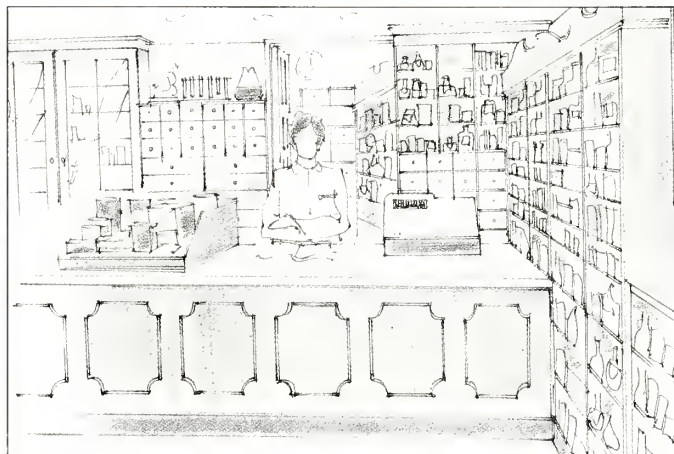
An old chimney breast has been reopened to accommodate Yorkline's continental drawer system, which has enabled the sales counter and dispensary bench to move back and create more space in the sales area.

All the dispensary units have been edged in medium oak to pick up the theme set by the drawers. Shelf edges, pelmet and counters in the sales area have also adopted the oak theme. White slatwall and shelves were considered too brash and modern for the building, so a beige finish has been employed.

All the available space has been pressed into service.

Making the best of it

Money may be tight but the more far-sighted retail pharmacists are still investing in essential updating of their business environments. Focusing on an individual feature is often a cost-effective way of upgrading the trading environment without undue financial outlay



The old fashioned ambience provided by European Shelving

Anaco Systems director Alan Mills has no illusions about the reasons retailers decide to invest in a new shop front. "Many retail customers decide to change their shop fronts only as a distress purchase," he says, "either after a burglary or because their frontage is practically falling down."

However, he accepts that not all customers fall into the distress purchase bracket. For some it is a question of keeping up with the local competition, while others plan to give their businesses a facelift on a regular basis. Whatever the reason, suddenly, looking smart, visible and safe becomes a priority.

Historically, much of Anaco's business has been in providing corporate design for multiple outlets, but more recently the company has developed a small business service, intended to provide a similar product on an

inexpensive scale for independents. For instance, a three to five year lease agreement is available.

Anaco say their shop fronts can look historic or modern. Sympathetic and accurate Edwardian and Victorian designs are available in aluminium, and the company can also supply timber frontages where planning restrictions insist upon it.

Another popular area of expansion is in consultation areas, an idea which is an important part of the philosophy of Numark's Retail Concept.

Numark concept

Numark member Barry Besbrode, who is also on Numark's retail advisory board, has just opened a new

Continued on p890



Privacy is the watchword for Barry Besbrode's consultation area



Continued from p890

pharmacy incorporating the retail concept, including a consultation area. The consultation area conforms to the criteria laid down in the Retail concept, but is bigger, with a 1.5 m wide counter.

The concept of Numark's consultation area is simplicity itself: A floor to ceiling partition sections off a part of the dispensary counter, using the shop wall to form a cubicle for the patient to receive confidential advice from the pharmacist. In this case there is also a back panel.

The pharmacy is part of a contemporary development in the grounds of a nursing home on the edge of a residential area, which includes a six doctor practice, the pharmacy and has two additional units available for an optician and a dentist.

Summit Retail of Dartford, Kent fitted the whole shop in just 48 hours.

The aim has been to produce a consultation area which is private and secluded but also brightly lit and pleasant, so that patients are happy to use it. Mr Besbrode's experience is that it actually attracts patients to the pharmacy as they see it as a service of extra value.

The consultation area is already a familiar part of the pharmacy to the customers, as Mr Besbrode uses it to whenever a prescription is dispensed, not just when people ask to see the pharmacist.

Quite apart from using the consultation area for discussing specific problems, Mr Besbrode feels strongly that it is the patient's right to have his compliance instructions given privately rather than broadcast them to everyone in the pharmacy.

For pharmacists who aim to combine an old fashioned environment with modern day convenience, the European shelving company claims to have produced it. Its mahogany shelving and counters are available for both the dispensary and front of shop. "We are not offering the system to every pharmacy," says ESC director John Dawson, "we feel such a look needs to be sympathetic to it surrounding environment." The system is aimed at pharmacists who, because of the nature of their business in tourist areas, or location in listed or heritage buildings, feel that metal based systems do not meet their needs.

If the shop fits...

For Dollar Rae the time to attack the market is when it is flat, while for Vantage, celebrating their 100th Supervantage member provides an opportunity to reflect on the refitting necessary for Vantage members to upgrade to 'super' status

Pharmacy services will always be in demand, argue Dollar Rae, but the best way to defend a businesses position is to invest in lean times. Refurbishing an existing business or expanding into larger premises are just two options in the search for growth.

An adherent to this strategy is pharmacist Alistair Mitchell of Newton Mearns, Glasgow, who has recently moved into new premises in a shopping centre location a few hundred yards from his former site.

Dollar Rae were asked to provide and fit a design which would not only provide the full pharmacy service, but would

also include a sub Post Office! Mr Mitchell has operated a sub Post Office from his former premises for many years.

The new shop has an entrance in the mall of the shopping centre and fronts on to a busy street outside. To make the most of this, the store has display windows which give a view of the whole interior, with dispensing and the post office permanently signed.

From the elevated dispensing area, which has an adjacent consultation area, there are overviews of the whole shop.

There are many young families in the area, so baby care products are allocated

plenty of space near to the door. Vitamins, health foods and slimming products have also been given prominence with the design of the pharmacy dividing goods into distinct product areas. Nevertheless, 70 per cent of the turnover still derives from the dispensing and ethical services.

The Post Office has been sited in the corner of the building, where it is both prominent but distinct from the rest of the shop.

Mr Mitchell says that overall the turnover turnover has jumped by 50 per cent with the move to the new pharmacy.

Super century

With a hundred Supervantage conversions behind them, Vantage are conscious that a key element in the operating is the shopfitting/refurbishment. They work as a team with approved shopfitters for handling the Supervantage conversions, such as ZAF.

"The first step towards Supervantage involves a meeting between the pharmacist and the local Vantage business development manager," says Darren Kirton, AAH Pharmaceutical's retail development manager. The next stage is to involve the shopfitter to prepare detailed plans, and once formulated, these are sent to the AAH pharmacy concessions merchandising manager, who visits the pharmacy to fine tune the plans.

On top of the extra display space, shop fronts and floor coverings detailed in the initial stage, this second stage confirms plans for shop security, customer flow, access and stock delivery routines. Signage, stock levels and the number of till points are also agreed at this stage.

It is at this point, when the plans are agreed, that the pharmacist signs the Supervantage agreement.

Assuming a Saturday lunchtime start, the shopfitter will usually aim to have the dispensary ready for the start of the next trading week. Extra fitters are sometimes drafted in where it is a particularly large or complex dispensary.

Clive Boyell, senior sales consultant for ZAF, one of the Vantage approved shopfitters, comments: "Many pharmacists are moving towards the continental drawer system used widely across Europe. They are an efficient space saver and are helping many pharmacists cope with the extra stock burden encountered due to the new OPD regulations."

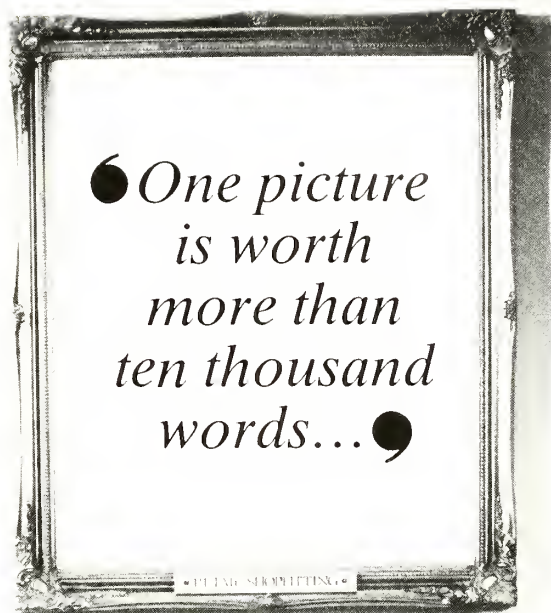
Once the dispensary is complete the team of fitters moves onto the front of shop area. As the shopfitters finish each section, the Supervantage merchandising team stock the shelves in line with the merchandising plan.

About eight weeks after the initial planning meeting, the whole process of stock rationalisation and refurbishment is complete.



SuperVantage: consideration is given towards creating extra display space

Continued on p892



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CD 14/11/92



Plan of attack

Planning a retail outlet site for an established pharmacy chain provides an opportunity to incorporate many contemporary ideas

When Unichem took over the Moss chain less than a year ago, they also took on the responsibility of keeping the businesses up to the mark with modern approaches to retailing.

Unichem's longstanding relationship with shopfitters Planova — the recommended shopfitters of the wholesalers — made the latter the natural choice when Moss came to open a new branch at Cranleigh.

Nevertheless, it was not a foregone conclusion the job would go to Planova; the company has to compete for the work, and won the contract on the basis of its design submission.

Even so, it took close liaison with Moss's marketing and retail development specialists before Planova's design team came up with their solution. The aim has been to maximise sales potential within the available space.

To create the right ambience, special curved display areas have been used to soften the rectangular shape of the building. Display equipment, such as mirrored panels in the baby care areas, have been used to help define product groupings.

A completely enclosed minilab occupies the right hand back corner of the shop, sited to ensure it does not interfere with the main counter area but maximises visual impact.

The design aims to allow the professional and retail activities of the business to complement each other. A centrally sited dispensary and healthcare department is the main focal point of the store, and for both space saving and a modern professional image a continental drawer system has been incorporated into the dispensary.

The raised dispensary area also features an edge-lit "advice and prescriptions" sign, curved to follow the line of the dispensary itself. This type of signage has also been used to

identify other sections in the store. Individual product groups are identified by graphics and transparencies mounted in illuminated back-panels which clip into the display system.

Moss are very hot on the current trend for pharmacists to advise customers on a wide range of health topics, and to this end the Cranleigh pharmacy has been provided with a private consultation room, where customers can be counselled across a counter or on the shop floor. It is reached via a sliding door from the dispensary. This same room has been fitted with work surfaces so that it can also be used for diagnostic testing.

The pharmacy has full glazing on two sides and so to complete the design and to make the most of this, two full height window display areas using modular slatted panels have been constructed on the long glass frontage of the shop.

Point of sale

However successful a pharmacy may be in getting the customer over the threshold, there is still a job to be done in displaying goods to maximum effect

The look and layout of a pharmacy are important factors in presenting a professional image and establishing a trading identity, but these days the whys and wherefores of displaying front of shop products have been recognised as a significant contributor to stockturn and profit. The dispensary, too, is an area where efficiency and effect complement one another.

For Beanstalk, the job is to create a concept and image that works, provide a more efficient use of space and at the same time offer customers a pleasant shopping environment.

The company has been supplying metal and timber display systems for over 40 years, but is now expanding their range to offer a modular wooden dispensary range, designed to provide an optimum use of space.

Finished in wood

All gables, mid-division, top and front are finished in wood and can be provided in a range of stains. There is also a 40mm post-formed work bench available and a continental drawer system can be incorporated, either full height or under the work benches.

For the front of shop, Beanstalk offer a modular metal or timber system, with specialist perfume or jewelry

cabinets available — also in a range of wood stains to co-ordinate with the dispensary.

The final step

Procter & Gamble maintain that "the final step" in shopfitting is to ensure that the fixtures are merchandised correctly, so as to attract the customer and make their purchase decision an easy one.

While guidance on merchandising is available from Unichem, Numark and AAH, major suppliers such as P&G also offer help.

Procter & Gamble define the main steps as:

- Using market size information to identify the key product groups and their relative size within the pharmacy sector
- Using this same data to allocate the product group's share of linear fixture space
- Sub-dividing this for individual brand shares, giving priority to merchandising best sellers in prominent positions, such as eye level.

P&G also argue that pharmacies should also merchandise brand ranges together.

The latest merchandising system from Vantage, CM2, is already taken by more than 350 pharmacies, says the company. CM2 is an OTC planning, merchandising and display service which is available on subscription to Vantage members.

Initial package

The initial CM2 package includes a master file featuring an introduction to shop layouts and merchandising, plus a three month stock order book and core range inventory. There is a focus on over the counter medicinal products with a detailed product facing report and recommended space allocation chart.

This has been followed by a merchandising and display package on baby care and hair care, which went out to subscribers last month.

Numark continues to develop their Retail concept, this time with a ceiling suspended window display unit. Top and base fixings hold the unit taut by securing it to the ceiling and to the floor or a window riser. "This innovation means that even pharmacists with limited window display areas can benefit from professional presentation of our promotional posters," says David Wood, Numark's retail development director.

The voluntary trading organisation has also launched a POS service to complement its "Saleslines" POS kits. The pharmacist specifies his requirements on a form and Numark gets the message printed within 48 hours. The minimum order is six cards, at £1.25 per card plus VAT.

Numark have also introduced a PVC version of its services panel for just £75. The new version presents the same information as the original aluminium services panel, which costs £310.

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Richardson gives evidence in copyright court case

John Richardson has given his version of events to the High Court in his bid to prevent rival Chemtec from marketing what he regards as a similar pharmacy computer system to his own (C&D last week p856).

Quo Vadis

Access to Vadis, the Viewdata Drug Information Service, is now available to customers of John Richardson Computers.

The system allows customers to summon updated information on drugs through their computer dispensary system. Vadis is able to provide information about an increasing number of generic and proprietary drugs, currently totalling 1,168. The data is updated monthly.

Data about each drug is compiled by the pharmacy practice division of the NHS in Scotland.

Information is collated into nine key areas: pharmacology, pharmacokinetics, uses and doses, contra-indications and precautions, use in organ dysfunction, adverse effects, therapeutic comment, drug interactions and pharmaceutical information.

JRC, who have the only dispensary system with access to Vadis, have adapted the service to make it compatible with their existing drug file and software.

Existing customers of JRC who have compatible hardware will automatically receive Vadis as part of their Coversure contract. Those with older systems should contact the company, say JRC.

Unichem paper chase

Unichem have published the first issue of their newsletter for pharmacists, *Partnership News*.

The publication is intended to update independent pharmacists on Unichem's own promotions and services.

The company is planning one further issue for this year, and plans to take it monthly in 1993.

The first issue of this A4, four page publication looks at the wholesaler's planograms and how they can help boost OTC sales.

Mr Richardson and his company, Richardson Computers Ltd (JRC), are seeking injunctions against Timothy Flanders forbidding him from marketing his Chemtec system.

Mr Richardson told the court he was a pharmacist with over 30 years experience in the pharmacy trade. From apprenticeship in 1955 he built up a pharmacy business in the Midlands before having the idea of a computer system to cut prescription waiting times and aid the work of pharmacists nationwide.

He became "completely absorbed" with the development of his Richardson system, and taught himself programming and the computer language Basic, he told the court. Starting with a Tandy computer which he bought for £4 from a newspaper advertisement, Mr Richardson spent long hours learning skills and reading manuals.

In six months he had the system working relatively well and set up a limited company, running the business from his garage with the help of his wife and father, and later a secretary.

He claimed that the original system formed the basis of more

sophisticated versions to come, using more advanced computer hardware and which eventually became a market leader.

During its first 18 months of trading the company attained a turnover of £1.3 million and made an operating profit of £278,000. In 1985 turnover had grown to £1.46m, generating a gross profit of £641,000.

Though Mr Richardson admits Mr Flanders was instrumental in writing more advanced versions of the original system, he claims the same "theme" of design ran through them all. He alleges he paid Mr Flanders well for the work he did for JRC, and that it was always understood the system remained his property.

During 1986, Mr Richardson told the court, it became apparent that he and Mr Flanders "were unable to work together", and their ways parted in October that year. Nevertheless, Mr Flanders continued to work as a consultant for the company.

In the financial year ending November 1988 the company turned over £2.2m to make a gross profit of £1.4m.

The case continues and is expected to last several weeks.

New products key to sales

Retail pharmacies will have to look to product development in areas such as oral care and male toiletries to increase profitability over the coming year, according to the latest quarterly report from The Economist Intelligence Unit.

While expenditure on pharmacy goods has not declined from the level reached in 1988, wholesalers in the pharmacy sector have reported a problem with bad debts for the first time.

The problems facing pharmacies have also been compounded by the growth of OTC remedies, cosmetics and toiletries being sold through supermarkets and other outlets.

The major growth areas were oral care, male toiletries, and nail preparations within the cosmetics field. Sales of lipsticks also showed growth.

The market for cough and cold preparations also grew by 17.7 per cent in 1991, while the analgesics market grew by 11 per cent. A strong demand for hay

fever tablets was also recorded.

Output of patent and proprietary foods and drinks and infant and invalid foods fell by almost one third, largely due to damage to consumer confidence resulting from a number of cases of deliberate contamination and tampering.

Sales of vitamins and mineral supplements also fell sharply, almost back to the level of 1988, blamed on the economic climate.

The growth in sweeteners and and digestive medicines slowed down as well — both of which were attributed, at least in part, to the economic situation.

As consumers are encouraged to move towards more OTC medicines, the report also warns of the threat to consumer safety, not through the products themselves, but through lack of information on drug interaction.

However, this may benefit pharmacies who are able to offer greater specialist knowledge, the report continues.

Four more pharmacies for AAH

AAH have bought four retail pharmacies, two in Winchester and two in Chard, Somerset.

The company has paid a total of £2,060,000 for Hunt & Co (Silver Hill) Ltd, which owns the Winchester pharmacies, and Lewin Peplow Ltd and Lewin Peplow (Brookside) Ltd, which own two retail stores at Chard.

All four businesses will trade as Vantage pharmacies in AAH's healthcare services division.

The asking price has been met by a £290,000 cash payment and the issuing of 341,700 ordinary AAH shares. The vendors have agreed to hold the shares for at least a year.

A further £275,000 may be payable depending on asset values.

● AAH Holdings' offer for the Irish wholesaling group Cahill May Roberts has now gone unconditional following their acquisition of more than 83 per cent of the shares.

While the offer remains open until further notice, the partial cash alternative is open only until 3.00pm on November 20.

Alzheimer's data

The nervous system drugs advisory committee of the USA's Food and Drug Administration has asked for additional data on the use of Mentane (velnacrine maleate) as a treatment for mild to moderate symptoms of Alzheimer's disease. The FDA is considering a new drug application from Hoechst-Roussel Pharmaceuticals.

Solopak sold

Solopak have been sold to their own management by Smith & Nephew for \$13.5m. The move follows the collapse of a deal to sell the company to the Ivax Corporation.

SB co-market

Smithkline Beecham and Rhône-Poulenc subsidiary Dermik Laboratories are to co-market SB's Bactroban topical antibiotic ointment.

DePuy move

DePuy are moving their administrative head office. From the end of the month, the new address of the company head office will be Millshaw House, Manor Mill Lane, Leeds, LS11 8LQ. tel: 0532 706000; fax: 0532 709599.

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CONTACT WALSALL OFFICE</p> <p>1870 MID GLAM
Old established in Rhonda Valley to £231,250 with gross profit at 26.6% NHS items average 2500 per month Easy hours with two half days, very reasonable price asked at around £80,000 for Goodwill, with Freehold property, for lease at £3,000 p.a.
CONTACT WALSALL OFFICE</p> <p>1808 SOUTH STAFFS
Turnover £200,000 NHS items average 2000/month 4 doctor surgery nearby with crossing to pharmacy 7pm closing, half day Saturday Lease at £3480 p.a. Low rates Price reduced to £67,500 plus SAV
CONTACT WALSALL OFFICE</p> <p>1936 WEST MIOS
Pharmacy turnover £202,000 approx plus Post Office salary £35,000 pa NHS items 1000 per month Attractive shop Closed Saturday afternoon Lease at £11,500 pa Offers invited for goodwill, fixtures and fittings plus stock at valuation
CONTACT WALSALL OFFICE</p> <p>1883 DERBS
Turnover £203,000 NHS items average 1750 per month Double fronted corner shop on lease at low rental Price reduced to offers around £50,000 for goodwill plus S&F
CONTACT WALSALL OFFICE</p> <p>1793 NELSON, LANCASHIRE
Turnover £166,153 at 28.8% NHS 1547 items per month Tenure freehold at valuation Price for goodwill, fixtures and fittings £50,000
CONTACT LEEDS OFFICE</p> <p>1873 LEEDS
Turnover £229,788 at 28.8% NHS 1795 items p.m. Tenure leasehold Price for goodwill, F&F £115,000
CONTACT LEEDS OFFICE</p> <p>1934 NORTH YORKSHIRE COASTAL RESORT
Community pharmacy situated in residential area of popular East Coast holiday resort Projected sales year ending 30.9.92 £235,000 Gross profit at 27% £63,859 NHS monthly average 2178 items Tenure - leasehold or freehold with substantial 4 bedroom accommodation Price for goodwill, fixtures and fittings £110,000 plus stock at valuation
CONTACT LEEDS OFFICE</p> | <p>1939 NORTH EAST COAST
Substantial community pharmacy situated in prominent trading position North East coastal resort Projected sales year ending 31.12.92 £550,000 Gross profit at 24.6% NHS monthly average 4400 items Tenure leasehold Price for goodwill, fix and fittings £250,000 plus stock at valuation
CONTACT LEEDS OFFICE</p> <p>1983 CARBOTH
Branch pharmacy serving pleasant residential area Turnover £180,000 Gross profit £46,240 NHS items 1100 items per month Easy hours Scope for increase Lease at £9,500 includes 2 bed flat Price asked £30,000 for goodwill, lease fixtures and fittings plus stock at valuation
CONTACT WALSALL OFFICE</p> <p>1978 WEST MIOS
Turnover £200,000 NHS items average 2,000 per month approx 9.00am-7.00pm Half day Saturday Attractive, modern central heated, main road shop with former living accommodation Freehold £75,000 Offers for goodwill, fixtures and fittings around £85,000
CONTACT WALSALL OFFICE</p> <p>1942 SOMERSET
Ideal first time venture Possible living accommodation Turnover approximately £280,000 NHS approximately 2,500 items per month Current rental is £5,950 p.a. Price for goodwill, F&F £60,000 plus SAV Price reduced for quick sale
CONTACT BOURNEMOUTH OFFICE</p> <p>1913 HANTS/SURREY BORDER
Well established pharmacy Opposite doctors surgery Turnover approximately £360,000 NHS items approximately 2,800 per month New lease No immediate opposition Price for goodwill, fixtures and fittings £175,000 plus SAV
CONTACT BOURNEMOUTH OFFICE</p> <p>1892 CORNWALL
Popular seaside location Excellent living accommodation Turnover approximately £243,000 NHS approximately 1,974 items per month New lease or freehold available Price for goodwill F&F £125,000 plus SAV
CONTACT BOURNEMOUTH OFFICE</p> <p>1749 NORTH HAMPSHIRE
Town centre pharmacy Turnover £378,824 NHS approximately 2,700 items per month Long lease Genuine retirement sale Price for goodwill F&F £125,000 plus SAV
CONTACT BOURNEMOUTH OFFICE</p> | <p>1674 NORTH WALES COAST
Community pharmacy situated in prime trading position in popular North Wales coastal resort Sales year ended 30.4.92 £450,000 Gross profit at 26.3% £118,421 NHS monthly average 2250 items Tenure - leasehold Price for goodwill, fixtures and fittings £285,000 plus stock at valuation
CONTACT LEEDS OFFICE</p> <p>1806 STOCKPORT
Turnover £291,000 at 26% NHS 2600 items per month Tenure freehold/leasehold Price for goodwill F&F £155,000
CONTACT LEEDS OFFICE</p> <p>1964 EAST LONDON/ESSEX BORDERS
Long established pharmacy in main road location Estimated turnover £305,000 High gross profit margins Average items 2300 per month Freehold available Retirement sale Accommodation above Price asked £125,000 for goodwill, fixtures and fittings plus stock at valuation Freehold at valuation
CONTACT EPPING OFFICE</p> <p>1952 CAMBRIDGESHIRE
Sited on outskirts of town centre Genuine retirement sale Estimated turnover £310,000 Items approximately 2000 per month 5 1/2 day week Densely populated area Quick sale required Hence £120,000 for goodwill, lease, fixtures and fittings plus stock at valuation
CONTACT EPPING OFFICE</p> <p>1941 MID/LESEX
Long established pharmacy run under management very easy opening hours, estimated to £115,000 based on 600 items p.m. Reasonable outgoings £20,000 for goodwill, lease fixtures and fittings plus SAV
CONTACT EPPING OFFICE</p> <p>1977 STIRLINGSHIRE
Long established pharmacy in rural area offering desirable working environment This business would suit husband/wife team or first time buyer Anticipated turnover to year end 31.12.92 £202,000 Scripts average 1,280 per month Property freehold - lease terms available Finance may be available to suitable purchaser Entry negotiable Offers invited for goodwill, fixtures and fittings Property on lease plus stock at valuation
CONTACT GLASGOW OFFICE</p> <p>1946 ABERDEEN
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CAMBERWELL, LONDON SE5 - Pharmacist required one or two days per week. Tel: 071-274 7599.

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PURFLEET, ESSEX - Dispenser/chemist assistant required for community pharmacy. Experience preferred, and own transport. Hours and salary to be negotiated. Tel: 0708 861013 (day) or 0375 384320 (after 6.30pm).

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YORKSHIRE - Ex proprietor, 52 years young, offers experience, continuity and enthusiasm. Available Mon - Fri basis plus certain odd days. Tel: 0532 675673 Clive Caplan.

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Aboutpeople

SB women — top achievers



The Smithkline Beecham managers at the Women of the Year luncheon. Front row from left: Margaret Bailey, contributions co-ordinator; Dr Rhiannon Rowsell, director, medical operations, SB Pharmaceuticals; Kathy Heseltine, marketing manager, Drinks UK; Hilary Christodoulou, director, regulatory affairs, and Emily Donnelly, director and senior vice president, transnational regulatory affairs, SB Pharmaceuticals. Back row from left: Helen Delnevo, personnel manager, SB Pharmaceuticals; Sue Oglethorpe, head of planning, Health & Personal Care; Sue Treagus, human resources information services manager; Jane Bilcock, personnel manager, SB Pharmaceuticals; Kay Coward, business development manager, Drinks UK; Sue Evans, marketing manager, Consumer Brands; and Alison Horler, assistant company secretary

Thirteen women managers from Smithkline Beecham were among 500 of Britain's top female achievers at this year's Women of the Year luncheon.

The women were nominated to attend the luncheon, which honours the achievements of women from all walks of life.

This is the second year SB has sponsored the luncheon, which is the biggest fund raising event for the Greater London Fund for the

Blind. A total of £110,000 is expected to be raised this year.

SB also provide a £1,000 honorarium for the winner of the Frink Award — a blind or visually-impaired woman of achievement or a sighted woman who has worked to improve the lives of visually disabled people. This year they launched the SB Science Education Award, an award for a visually-impaired female science student.

Someone outstanding?

Do you know a pharmacist who deserves an award for their outstanding contribution to pharmacy practice? If so, the College of Pharmacy Practice would like to hear from you.

The College is inviting nominations for the Schering Award 1992 (right).

Nominations can be made by any pharmacist and should include a supporting statement of about 1,000 words. They should be sent to the CPP, University of Warwick Science Park, Barclays Venture Centre, Sir William Lyons Road, Coventry, CV4 7EZ, by December 31.



Coming Events

Unichem target Bali

The 1993 Unichem Convention is to be held in Bali, Indonesia, from October 2-10 at a cost of £1,125 per person half board. The Convention hotel is the Grand Bali Hyatt on Nusa Dua Beach which apart from conference facilities boasts six swimming pools, five restaurants and 40 acres of tropical gardens.

Various extensions are available: a further week in Bali; three or seven day tours taking in Singapore, Penang, Bangkok, Hua Hin, or Hong Kong; and a nine day tour of Australia. Prices for extensions range from £250 to £1,555. Details are available from Soler International. Tel: 081-391 2525.

Monday, November 16

North Metropolitan branch RPSGB "Evening Primrose Oil — the answers" at the School of Pharmacy, Brunswick Square, WC1 at 8pm. Refreshments from 7.30pm.

Tuesday, November 17

Leicestershire branch RPSGB Post Grad 4: "Developments in Anti-Fungal Agents" by Janssen at the Clinical Sciences Building Lecture Theatre LRI.

West Ham branch NPA "Crime prevention" A joint meeting with the East Metropolitan branch of the RPSGB at 7.30pm in the Churchill Room, Wanstead Library, Spratt Hall Road, London E11. Speaker crime prevention officer PC Elyn Roberts. Buffet 7.30pm.

Aberdeen branch RPSGB. Pharmacy

Practice 1 at 8pm in the Postgraduate Centre, Aberdeen Royal Infirmary.
Moray and Banff branch RPSGB "Local Community Mental Nursing projects" by Carole Smith at 7.45pm for 8pm in Mansfield House, Elgin. Joint meeting with Association of Community Mental Nurses.

Wednesday, November 18

Cardiff branch RPSGB General meeting: motions for the BRM. "Drug Abuse: Are we getting it right?" Speakers Dr I. Harrison and Jane Baltzars. Meeting at 7.30pm in the New Lounge, Joint Students Union, Park Place. Buffet.

Somerset branch RPSGB Skittles evening at the Red Tile Inn, Cossington. Meet at 7.30-8pm. Discussion of suggestions for next Branch Representatives Meeting.

Thursday, November 19

Eastbourne branch RPSGB "Joint forum on drug abuse in Eastbourne." Joint meeting with Eastbourne Drug Awareness Week at 8pm in the Eastbourne Arts Centre (under the Central Library), Grove Road, Eastbourne.

Bedfordshire branch RPSGB "Aromatherapy" by aromatherapy consultant Lidia Cerullo at 8pm in the IBIS Hotel, Spittlesea Road, Luton. Coffee at approximately 9.30pm.

Hull Pharmacists Association Members Dinner. "Current pharmaceutical topics" by Dr A. Blenkinsopp at 7.15pm for 7.30pm in the Postgraduate Education Centre, Hull Royal Infirmary, Anlaby Road, Hull.

Friday, November 20

Durham co branch RPSGB Annual dinner dance at Lumley Castle Hotel, Chester-le-Street.

Training bursary

Liverpool hospital pharmacist Linda Matthew has won a £600 health management training bursary in a competition run by the NHS Training Directorate.

Ms Matthew is principal pharmacist and speciality manager for the Liverpool Obstetric and Gynaecology Services NHS Trust.

She will be studying the new Health and Social Services Management (HSSM) diploma-level programme. It forms the second stage of the Management Education Scheme by Open Learning (MESOL).

Poster Award

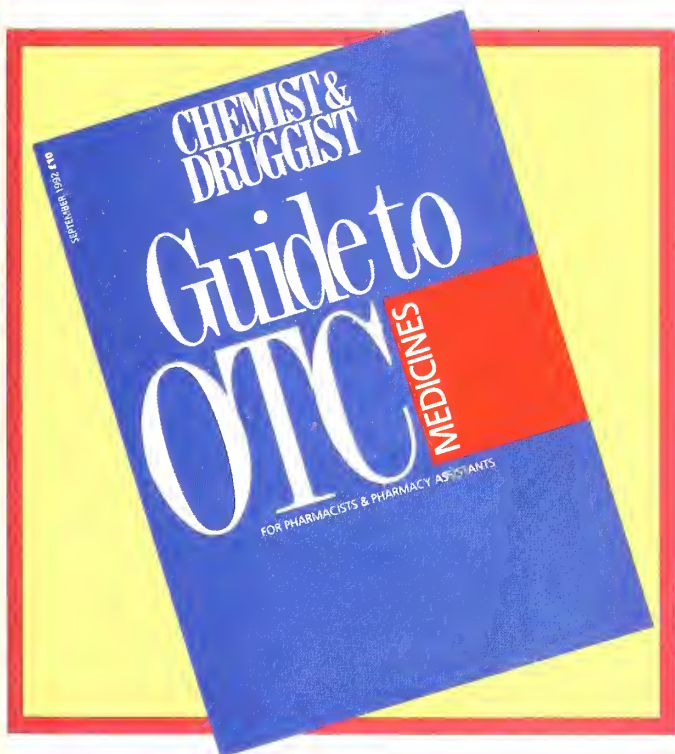
The 1992 Martindale Pharmaceuticals Poster Award has been won by Keith Farrar, chief pharmaceutical officer, and Don Hughes, principal pharmacist/clinical services, at the Wirral Hospital Trust.

Their paper describes the use of a computerised database to highlight trends in prescribing.

The presentation of the Award worth £1,000, was made by Martindale Pharmaceutical's commercial director, Martin Saunders, at the UK Clinical Pharmacy Association symposium in Bournemouth.

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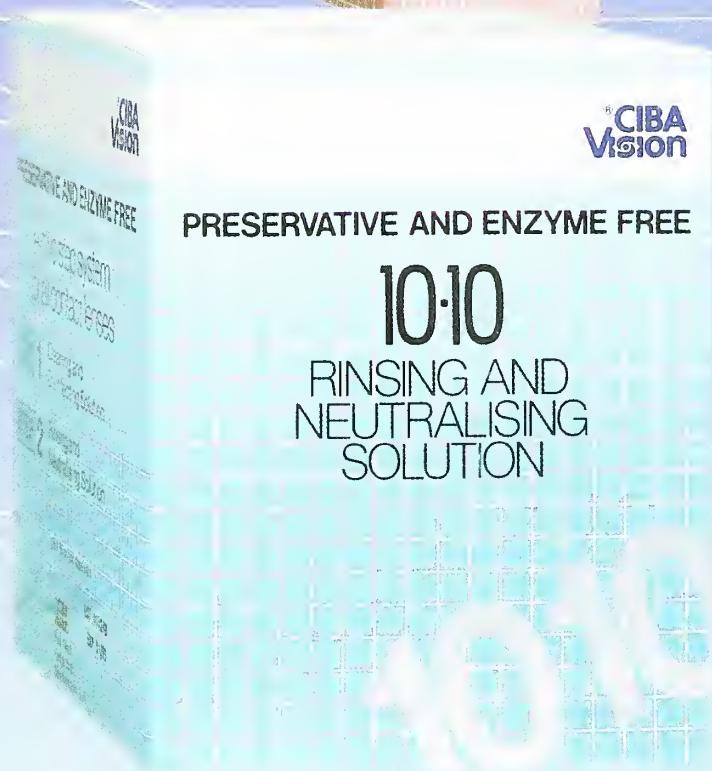
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